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# ILLINOIS REGISTER

## Rules of Governmental Agencies

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## INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1985, ch. 127, pars. 1001 et seq., as amended).

## REGISTER PUBLICATION SCHEDULE 1988

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 16, 1987	Dec. 23, 1987	1	Jan. 4, 1988	June 28, 1988	July 5, 1988	29	July 15, 1988
Dec. 23, 1987	Dec. 30, 1987	2	Jan. 8, 1988	July 5, 1988	July 12, 1988	30	July 22, 1988
Dec. 30, 1987	Jan. 5, 1988	3	Jan. 15, 1988	July 12, 1988	July 19, 1988	31	July 29, 1988
Jan. 5, 1988	Jan. 12, 1988	4	Jan. 22, 1988	July 19, 1988	July 26, 1988	32	Aug. 5, 1988
Jan. 12, 1988	Jan. 19, 1988	5	Jan. 29, 1988	July 26, 1988	Aug. 2, 1988	33	Aug. 12, 1988
Jan. 19, 1988	Jan. 26, 1988	6	Feb. 5, 1988	Aug. 2, 1988	Aug. 9, 1988	34	Aug. 19, 1988
Jan. 26, 1988	Feb. 2, 1988	7	Feb. 16, 1988 (Tues.)	Aug. 9, 1988	Aug. 16, 1988	35	Aug. 26, 1988
Feb. 2, 1988	Feb. 9, 1988	8	Feb. 19, 1988	Aug. 16, 1988	Aug. 23, 1988	36	Sept. 2, 1988
Feb. 9, 1988	Feb. 16, 1988	9	Feb. 26, 1988	Aug. 23, 1988	Aug. 30, 1988	37	Sept. 9, 1988
Feb. 16, 1988	Feb. 23, 1988	10	Mar. 4, 1988	Aug. 30, 1988	Sept. 6, 1988	38	Sept. 16, 1988
Feb. 23, 1988	Mar. 1, 1988	11	Mar. 11, 1988	Sept. 6, 1988	Sept. 13, 1988	39	Sept. 23, 1988
Mar. 1, 1988	Mar. 8, 1988	12	Mar. 18, 1988	Sept. 13, 1988	Sept. 20, 1988	40	Sept. 30, 1988
Mar. 8, 1988	Mar. 15, 1988	13	Mar. 25, 1988	Sept. 20, 1988	Sept. 27, 1988	41	Oct. 7, 1988
Mar. 15, 1988	Mar. 22, 1988	14	Apr. 1, 1988	Sept. 27, 1988	Oct. 4, 1988	42	Oct. 14, 1988
Mar. 22, 1988	Mar. 29, 1988	15	Apr. 8, 1988	Oct. 4, 1988	Oct. 11, 1988	43	Oct. 21, 1988
Mar. 29, 1988	Apr. 5, 1988	16	Apr. 15, 1988	Oct. 11, 1988	Oct. 18, 1988	44	Oct. 28, 1988
Apr. 5, 1988	Apr. 12, 1988	17	Apr. 22, 1988	Oct. 18, 1988	Oct. 25, 1988	45	Nov. 4, 1988
Apr. 12, 1988	Apr. 19, 1988	18	Apr. 29, 1988	Oct. 25, 1988	Nov. 1, 1988	46	Nov. 14, 1988 (Mon.)
Apr. 19, 1988	Apr. 26, 1988	19	May 6, 1988	Nov. 1, 1988	Nov. 8, 1988	47	Nov. 18, 1988
Apr. 26, 1988	May 3, 1988	20	May 13, 1988	Nov. 8, 1988	Nov. 15, 1988	48	Nov. 28, 1988 (Mon.)
May 3, 1988	May 10, 1988	21	May 20, 1988	Nov. 15, 1988	Nov. 22, 1988	49	Dec. 2, 1988
May 10, 1988	May 17, 1988	22	May 27, 1988	Nov. 22, 1988	Nov. 29, 1988	50	Dec. 9, 1988
May 17, 1988	May 24, 1988	23	June 3, 1988	Nov. 29, 1988	Dec. 6, 1988	51	Dec. 16, 1988
May 24, 1988	May 31, 1988	24	June 10, 1988	Dec. 6, 1988	Dec. 13, 1988	52	Dec. 23, 1988
May 31, 1988	June 7, 1988	25	June 17, 1988	Dec. 13, 1988	Dec. 20, 1988	53	Dec. 30, 1988
June 7, 1988	June 14, 1988	26	June 24, 1988	Dec. 20, 1988	Dec. 27, 1988	1	Jan. 6, 1989
June 14, 1988	June 21, 1988	27	July 1, 1988	Dec. 27, 1988	Jan. 3, 1989	2	Jan. 13, 1989
June 21, 1988	June 28, 1988	28	July 8, 1988				

Please note: When the *Register* deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).







ILLINOIS REGISTER

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Charitable Contributions

2) Code Citation: 83 Ill. Adm. Code 325

3) Section Numbers: Proposed Action:

325.5 Repeal  
325.10 Repeal  
325.20 Repeal

4) Statutory Authority: Implementing Sections 9-201 and 9-227 and authorized by Section 10-101 of The Public Utilities Act (Ill. Rev. Stat. 1987, ch. 111 2/3, pars. 9-201, 9-227, and 10-101)

5) A Complete Description of the Subjects and Issues Involved: Part 325 sets out guidelines for the treatment by the Commission of contributions made by public utilities. Section 9-227 of The Public Utilities Act was amended to prohibit the Commission from adopting such guidelines. The repeal of Part 325 is therefore appropriate.

6) Will this proposed repealer replace an emergency repealer currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed repealer contain incorporations by reference? No.

9) Are there any other proposed amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives: The proposed repealer neither creates nor expands any state mandate on any unit of local government, school districts, or community college districts.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Any person who plans to submit comments should file a notice of intent thereof, within 21 days of the date of this issue of the Illinois Register with:

ILLINOIS REGISTER

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED REPEALER

Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, Illinois 62706

Comments should be filed with the Chief Clerk within 45 days of the date of this issue of the Illinois Register.

12) Initial Regulatory Flexibility Analysis:

A) Date repealer was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 28, 1988

B) Types of small businesses affected: The proposed repealer will not affect any small businesses.

C) Reporting, bookkeeping or other procedures required for compliance: None.

D) Types of professional skills necessary for compliance: None.

The full text of the Proposed Repealer begins on the next page:



## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED REPEALER

## TITLE 83: PUBLIC UTILITIES

## CHAPTER I: ILLINOIS COMMERCE COMMISSION

## SUBCHAPTER B: PROVISIONS APPLICABLE TO MORE THAN ONE KIND OF UTILITY

## PART 325

## CHARITABLE CONTRIBUTIONS (REPEALED)

## Section

325.5 Introduction

325.10 Scope and Purpose

325.20 Guidelines

AUTHORITY: Implementing Sections 9-201 and 9-227 and authorized by Section 10-101 of The Public Utilities Act (Ill. Rev. Stat. 1987, ch. 111 2/3, pars. 9-201, 9-227, and 10-101).

SOURCE: Adopted at 9 Ill. Reg. 14999, effective November 1, 1985; repealed at Ill. Reg. , effective

## Section 325.5 Introduction

Public utilities provide important support to vital cultural, educational, scientific and social service institutions and other charitable activities benefitting individuals and communities throughout the State of Illinois. Although significant, such contributions typically comprise only a minute fraction of a utility's operating expenses and only pennies or less of a typical ratepayer's bill. These charitable contributions are recognized by the Internal Revenue Service as a legitimate cost of doing business and, as such, are deductible from corporate taxes. It continues to be the policy of the Illinois Commerce Commission strongly to encourage public utilities to make charitable contributions which strengthen worthy local institutions and benefit ratepayers. The Commission further encourages utilities to leverage their contributions through internal and external matching grants. Because contributions generally provide indivisible benefits to ratepayers and shareholders the cost of such support should be shared equally between shareholders and ratepayers. The Commission adopts this Part to clarify the ratemaking impact of charitable contributions on ratepayers and to promote consistent ratemaking treatment for all utilities.

## ILLINOIS REGISTER

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED REPEALER

## Section 325.10 Scope and Purpose

- a) This Part applies to all fixed "public utilities," as defined in Section 10.3 of "An Act concerning public utilities" (Ill. Rev. Stat. 1983, ch. 111 2/3, par. 10.3).

- b) The purpose of this Part is to:

- 1) provide guidance to Commission staff and utilities on the allowance of charitable contributions as an appropriate operating expense for ratemaking purposes;
- 2) provide information to affected recipient organizations and to the general public.

## Section 325.20 Guidelines

The following are established as general guidelines concerning charitable contributions:

- a)
  - 1) The proper amount of charitable contributions allowed as an operating expense for ratemaking purposes shall be rebuttably presumed to be the lesser of one-half of the total charitable contributions, or one percent of the utility's jurisdictional pre-tax net income.
  - 2) In determining whether to approve an amount greater than that produced by subsection (a)(1) of this Section, the Commission shall consider evidence as to the following:
    - A) whether there has occurred any large-scale natural disaster affecting the utility's service territory,
    - B) whether there exists any extreme economic or financial condition causing widespread hardship to persons residing in the utility's service territory, and
    - C) whether any other such unforeseeable circumstances exist which would tend to justify a greater amount.



## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED REPEALER

- 3) In determining whether to approve a lesser amount than that produced by subsection (a)(1) of this Section, the Commission shall consider evidence as to the following:

- A) whether charitable donations, considered in their entirety, are distributed so as to benefit a small portion of customers to the exclusion of all other customers,
- B) whether the donations appear to be designed principally to benefit the utility's corporate image, and
- C) whether any other such circumstances exist which would tend to indicate that a lesser amount is reasonable.

- b) Contributions for which ratepayers are assuming a share must be directed to agencies serving Illinois, or must benefit ratepayers. Donations to organizations which serve metropolitan areas partly in Illinois and partly in another state, and donations whereby the utility matches an amount paid by an employee to an educational institution located outside Illinois, shall be deemed to have met this standard.

- c) Contributions other than cash, including assignment of personnel, shall be valued in accordance with federal income tax law.

Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, Illinois 62706

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Any person who plans to submit comments should file a notice of intent thereof, within 21 days of the date of this issue of the Illinois Register with:

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Designation of Agent Upon Whom Service of All Notices and Process May Be Made (General Order 37)

- 2) Code Citation: 83 Ill. Adm. Code 215

- 3) Section Numbers: Proposed Action:

215.10 Amendment  
215.30 Amendment

- 4) Statutory Authority: Implementing Section 4-101 and authorized by Section 10-101 of The Public Utilities Act (Ill. Rev. Stat. 1987, ch. 111 2/3, pars. 4-101 and 10-101)

- 5) A Complete Description of the Subjects and Issues Involved:  
The proposed amendments update the language of the rules to reflect amendment of The Public Utilities Act and eliminate obsolete references.

- 6) Will these proposed amendments replace an emergency amendment currently in effect? No.

- 7) Does this rulemaking contain an automatic repeal date? No.

- 8) Do these proposed amendments contain incorporations by reference? No.

- 9) Are there any other proposed amendments pending on this Part? No.

- 10) Statement of Statewide Policy Objectives: The proposed amendments neither create nor expand any state mandate on any unit of local government, school districts, or community college districts.



ILLINOIS COMMERCE COMMISSION  
NOTICE OF PROPOSED AMENDMENTS

Comments should be filed with the Chief Clerk within 45 days of the date of this issue of the Illinois Register.

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 28, 1988
- B) Types of small businesses affected: These proposed amendments affect those public utilities that are also small businesses as defined in the Illinois Administrative Procedure Act.
- C) Reporting, bookkeeping or other procedures required for compliance: Reporting procedures.
- D) Types of professional skills necessary for compliance: Managerial skills.

The full text of the Proposed Amendments begins on the next page:

ILLINOIS REGISTER 18028 88  
ILLINOIS COMMERCE COMMISSION  
NOTICE OF PROPOSED AMENDMENTS

TITLE 83: PUBLIC UTILITIES  
CHAPTER I: ILLINOIS COMMERCE COMMISSION  
SUBCHAPTER b: PROVISIONS APPLICABLE TO MORE THAN ONE KIND OF UTILITY

PART 215  
DESIGNATION OF AGENT UPON WHOM SERVICES OF ALL NOTICES AND PROCEEDINGS MAY BE MADE  
(GENERAL ORDER 37)

- Section 215.10 Designation of Agent
- 215.20 Out-of-State for Foreign Corporations
- 215.30 Service of Process, Notices or Demands
- 215.40 Filing of Name and Address of Chief Executive Officer
- 215.50 Report of Change of Executive Officer or Agent

AUTHORITY: Implementing Section 4-101 and authorized by Section 10-101 of The Public Utilities Act (Ill. Rev. Stat. 1987, ch. 111 2/3, pars. 4-101 and 10-101).

SOURCE: Filed and effective December 7, 1973; codified at 8 Ill. Reg. 12181; amended at Ill. Reg. , effective

Section 215.10 Designation of Agent

Every public utility subject to the provisions of the Public Utilities Act ("Act") (Ill. Rev. Stat. 1987, ch. 111 2/3, par. 1-101 et seq.) ~~except motor vehicles subject to regulation under the provisions of the Illinois Motor Carrier of Property Law, 411- Rev. Stat. 1987, ch. 95 1/2, pars. 18-100 et seq.~~ shall annually designate in writing (on a form prescribed by the Illinois Commerce Commission ("Commission")) an agent within the State of Illinois upon whom service of all process, notices and demands may be had for and on behalf of said public utility, in any proceeding before the Illinois Commerce Commission, and Each public utility shall file such the designation in the office of the Chief Clerk of said the Commission at Springfield, Illinois, after January 1 and prior to January 31 of each year. For purposes of this part, "public utility" includes all telecommunications carriers as defined in Section 13-202 of the Act.

(Source: Amended at Ill. Reg. , effective )



ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 215.30 Service of Process, Notices or Demands

Service of all process, notices or demands may be made upon such a public utility by mailing, as provided by the Public Utilities Act 83 Ill. Adm. Code 200.150, a copy thereof to such the utility's designated agent within the State of Illinois at the address designated.

(Source: Amended at Ill. Reg. , effective )

ILLINOIS REGISTER

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

1) Heading of Part: Procedures for Issuing Loans from the Water Pollution Control Revolving Fund

2) Code Citation: 35 Ill. Adm. Code 365

Section Numbers:	Proposed Action:
365.101	New Section
365.102	New Section
365.103	New Section
365.104	New Section
365.201	New Section
365.202	New Section
365.203	New Section
365.204	New Section
365.301	New Section
365.302	New Section
365.303	New Section
365.304	New Section
365.401	New Section
365.402	New Section
365.403	New Section
365.404	New Section
365.405	New Section
365.406	New Section
365.501	New Section
365.502	New Section
365.503	New Section
365.504	New Section
365.505	New Section
365.506	New Section
365.601	New Section
365.602	New Section
365.603	New Section
365.604	New Section
365.605	New Section
365.606	New Section
365.607	New Section
365.701	New Section
365.702	New Section



## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PROPOSED RULES

3) Section Numbers:

365.703	New Section
365.704	New Section
365.705	New Section
365.706	New Section
365.707	New Section
365.801	New Section
365.802	New Section
365.901	New Section
365.902	New Section
365.903	New Section
365.904	New Section
365.905	New Section
365.1001	New Section
365.1002	New Section
365.1003	New Section
365.1101	New Section
365.1102	New Section

- 4) **Statutory Authority:** Implementing and authorized by Sections 19.1 through 19.8 of the Environmental Protection Act, (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 1019.1 through 1019.8 as amended by P.A. 85-1135, effective July 28, 1988).

- 5) A complete description of the subjects and issues involved: The Agency has proposed these rules to provide low interest loan assistance for wastewater improvements to publicly owned treatment works from the Illinois Water Pollution Control Revolving Fund which was established by the Illinois General Assembly under Public Act 85-1135. The Agency has proposed these rules to allow for receipt of federal capitalization grants and to administer a low interest revolving loan program to assist local government units with wastewater improvements pursuant to Title VI of the federal Water Quality Act of 1987. Pursuant to P.A. 85-1135 an advisory committee was formed and has provided input to these rules.

- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does the rulemaking contain an automatic repeal date? No

7) Does the rulemaking contain an automatic repeal date? No

- 8) Does this proposed rule contain incorporations by reference? Yes. The Agency has incorporated the references of this Part in Section 365.104.
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rule does not create or enlarge a mandate under Section 3 of the State Mandates Act, (IIL Rev. Stat. 1987, ch. 85, par. 2203).

- 111) Time, place and manner in which interested persons may comment on this proposed rule: Interested persons may submit written comments on this rule within 45 days of the date of this publication. Written comments should be directed to:

James B. Park, Manager  
Division of Water Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
Post Office Box 19276  
Springfield, Illinois 62794-9276  
217/782-1654

- ### 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Office of the Department of Commerce and Community Affairs: October 31, 1988
- B) Types of small businesses affected: Small businesses should not be affected. The revolving loan program pursuant to Sections 19.1 through 19.8 of the Environmental Protection Act are restricted to local government units.
- C) Reporting, bookkeeping or other procedures required for compliance: Local government units must comply with the application, planning and bookkeeping requirements set forth in this Part.
- D) Types of professional skills necessary for compliance: Local government units will need to use the services of such professionals as engineers, accountants and consultants.

The full text of the proposed rules begins on the next page.



Section 365.501 Sewer System Evaluation and Rehabilitation  
365.502 Loan Applicant's Responsibilities During Facilities Planning  
365.503 State Environmental Review  
365.504 Limitations on Awards for Individual Systems  
365.505 Value Engineering Requirements  
365.506 Areawide Waste Management Planning

SUBPART F: REQUIREMENTS APPLICABLE TO SUBAGREEMENTS

Section 365.601 Loan Requirements for all Subagreements  
365.602 Construction Contracts of Loan Recipient  
365.603 Contracts for Personal and Professional Services -- Consulting Engineering Agreements  
365.604 Compliance with Procurement Requirements for Construction Contracts  
365.605 Disputes  
365.606 Indemnity  
365.607 Covenant Against Contingent Fees

SUBPART G: REQUIREMENTS APPLICABLE TO INITIATION, CHANGES, COMPLETION AND OPERATION OF PROJECT

Section 365.701 Project Initiation  
365.702 Project Changes  
365.703 Construction Engineering  
365.704 Project Sign  
365.705 Operation and Maintenance of the Project  
365.706 Final Inspection  
365.707 Project Performance Certification

SUBPART H: REQUIREMENTS APPLICABLE TO ACCESS, AUDITING, AND RECORDS

Section 365.801 Access  
365.802 Audit and Records

TITLE 35: ENVIRONMENTAL PROTECTION  
SUBTITLE C: WATER POLLUTION  
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY  
PART 365

PROCEDURES FOR ISSUING LOANS FROM THE WATER  
POLLUTION CONTROL REVOLVING FUND

SUBPART A: INTRODUCTION

Section 365.101 Purpose  
365.102 Administration  
365.103 Definitions  
365.104 Incorporations by Reference  
SUBPART B: FEDERAL REQUIREMENTS FOR THE FUND  
365.201 Involvement of USEPA in the Operation of the Fund  
365.202 Uses of the Fund  
365.203 Agency Responsibilities under Title VI of the CWA  
365.204 Requirements for Loan Recipients under Title VI of the CWA

SUBPART C: LIABILITIES AND REMEDIES FOR FAILURE TO COMPLY WITH LOAN PROCEDURES

Section 365.301 Noncompliance with Loan Procedures  
365.302 Stop-Work Order  
365.303 Termination  
365.304 Waiver of Procedures

SUBPART D: PROCEDURES FOR ISSUANCE OF LOANS

Section 365.401 Project Priority Determination  
365.402 Pre-Applications for Financial Assistance and Identification of Projects to be Funded  
365.403 Financial Assistance Application and Approval  
365.404 Interest Rates  
365.405 Restrictions on Refinancing  
365.406 Limitation on Design Cost



ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

SUBPART I: REQUIREMENTS FOR SEWER USE ORDINANCE, USER CHARGES, FINANCIAL CAPABILITY, DEDICATED SOURCE OF REVENUE AND FLOODPLAIN INSURANCE

- Section  
365.901 Sewer Use Ordinance  
365.902 User Charges  
365.903 Financial Capability  
365.904 Dedicated Source of Revenue  
365.905 Floodplain Insurance

SUBPART J: REQUIREMENTS APPLICABLE TO DISBURSEMENT OF LOANS TO RECIPIENTS

- Section  
365.1001 Determination of Allowable Costs  
365.1002 Use of Loan Funds and Payment of Unallowable Costs  
365.1003 Disbursement of Loan Funds

SUBPART K: PROCEDURES FOR LOAN REPAYMENT AND DELINQUENT REPAYMENT

- Section  
365.1101 Loan Repayment to the Agency  
365.1102 Delinquent Loan Repayments

AUTHORITY: Implementing and authorized by Sections 19.1 through 19.8 of the Environmental Protection Act, (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 1019.1 through 1019.8 as amended by P. A. 85-1135, effective July 28, 1988).

SOURCE: Adopted at \_\_\_\_ Ill. Reg. \_\_\_\_, effective \_\_\_\_.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

SUBPART A: INTRODUCTION

Section 365.101 Purpose

- a) The Water Quality Act of 1987 (the 1987 Amendments) which amended the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.) sets forth a schedule and mechanism for the transition from the federal level to the State and local level for responsibility of funding wastewater treatment facilities. Title VI of the 1987 Amendments creates a new authority that authorizes the United States Environmental Protection Agency to make grants to states to capitalize State water pollution control revolving funds. Title VI also establishes specific requirements for states for the development and operation of the State loan program, some of which must be assumed by the local government unit as the recipient of a loan.

- b) These rules set forth procedures to be used by the Illinois Environmental Protection Agency to operate the Water Pollution Control Revolving Fund including the issuance of loans for construction of wastewater treatment works as authorized by Public Act 85-1135, effective July 28, 1988.

Section 365.102 Administration

The Water Pollution Control Revolving Fund will be administered by the Illinois Environmental Protection Agency as an instrumentality of the State in accordance with the capitalization agreement between the Illinois Environmental Protection Agency and the United States Environmental Protection Agency in accordance with State and Federal laws.

Section 365.103 Definitions

- a) Unless specified otherwise, all terms shall have the meanings set forth in Public Act 85-1135, effective July 28, 1988, the CWA and regulations adopted under those Acts (Title 35 of the Illinois Administrative Code, Title 40 of the Code of Federal Regulations).
- b) For the purposes of this Part, the following definitions apply:
- 1) ADDENDA -- Documents issued by the loan applicant after advertisement for bids, which modify or interpret the contract documents, drawings, and specifications, by additions, deletions, clarifications or corrections.
  - 2) AGENCY -- Illinois Environmental Protection Agency



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- 3) ALTERNATIVE TECHNOLOGY -- Proven wastewater treatment processes and techniques which provide for the reclaiming and reuse of water, productively recycle wastewater constituents or otherwise eliminate the discharge of pollutants, or recover energy. Specifically, alternative technology includes land application of effluent and sludge; aquifer recharge; aquaculture; direct reuse (non-potable); horticulture; revegetation of disturbed land; containment ponds; sludge composting and drying prior to land application; self-sustaining incineration; methane recovery; individual and on-site systems; and small diameter pressure and vacuum sewers and small diameter gravity sewers carrying partially or fully treated wastewater.
- 4) BEST PRACTICABLE WASTE TREATMENT TECHNOLOGY (BPWTT) -- The cost effective technology that is able to treat wastewater, combined sewer overflows and nonexcessive, infiltration and inflow in publicly owned or individual wastewater treatment works.
- 5) BINDING COMMITMENT -- A legal obligation accepted by a local government unit receiving a loan from the Fund that is enforceable under State law, specifying the terms and schedules under which assistance is provided. The loan agreement will be considered a binding commitment.
- 6) CAPITALIZATION GRANT -- The actual federal funds received by the Agency for deposit into the Fund as a result of the capitalization grant agreement with the USEPA.
- 7) CAPITALIZATION GRANT AGREEMENT -- The agreement entered into each federal fiscal year between the Agency and the USEPA for the purpose of providing a grant to capitalize the Fund and enable the Agency to provide assistance for construction of wastewater treatment works.
- 8) CHANGE ORDER -- A written order by the loan recipient to the contractor authorizing an addition, deletion or revision in the work within the general scope of the contract documents, or authorizing an adjustment in the contract price or contract time.
- 9) COMPLIANCE PROJECTS -- A project which consists of construction, expansion, or upgrading of a wastewater treatment works necessary to meet State and federal requirements as specified in 35 Ill. Adm. Code Subtitle C, and the CWA respectively.
- 10) CONSTRUCTION -- Any one or more of the following which is undertaken for a public purpose: preliminary planning to

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- determine the feasibility of the wastewater treatment works, engineering, architectural, legal, fiscal or economic investigations, or studies, surveys, designs, plans, working drawings, specifications, procedures or other necessary actions, erection, building, acquisition, alteration, remodeling, improvement or extension of wastewater treatment works, or the inspection or supervision of any of the foregoing items.
- 11) CONTRACT DOCUMENTS -- The contract, including advertisement for bids, information for bidders, bid, bid bond, agreement, payment bond, performance bond, notice of award, notice to proceed, change order, drawings, specifications, and addenda.
  - 12) COST-EFFECTIVENESS ANALYSIS -- An analysis performed to determine which wastewater treatment management system or component part will result in the minimum total resources costs over time and is able to meet applicable State and federal requirements.
  - 13) CWA -- The Clean Water Act (33 U.S.C. 1251 et. seq.).
  - 14) DEDICATED SOURCE OF REVENUE -- Source of revenue or income which is dedicated by legislative enactment or other appropriate authority and deposited into an account restricted to the purpose of loan repayment.
  - 15) DESIGN -- All administrative, legal, and engineering tasks, subsequent to facilities plan approval but prior to advertisement for bid proposal, associated with receiving approval of a loan application. This shall include the following: surveys, designs, plans, working drawings, specifications, soil investigations and any other tests or process determinations required to establish design criteria, and development of user charge systems and sewer use ordinances.
  - 16) DIRECTOR -- Director of the Illinois Environmental Protection Agency.
  - 17) EMERGENCY PROJECT -- A project resulting from an unanticipated mechanical, structural or electrical failure that directly causes or threatens to cause a wastewater treatment works to operate in violation of State or federal requirements for wastewater treatment as specified in 35 Ill. Adm. Code Subtitle C, and the CMA.
  - 18) FUND -- The Water Pollution Control Revolving Fund as authorized by Public Act 85-1135, effective July 28, 1988.



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- 19) INFILTRATION -- Water other than wastewater that enters a sewer system (including sewer service connections and foundation drains) from the ground through such means as defective pipes, pipe joints, connection, or manholes).
- 20) INFLOW -- Water other than wastewater that enters a sewer system (including sewer service connections) from sources such as, but not limited to, roof leaders, cellar drains, yard drains, area drains, drains from springs and swampy areas, manhole covers, cross connections between storm sewers and sanitary sewers, catch basins, cooling towers, storm waters, surface runoff, street wash water, or drainage.
- 21) INITIATION OF OPERATION -- The date specified by the loan agreement on which use of the project begins operation for the purposes that it was planned, designed, and constructed.
- 22) INNOVATIVE -- Those wastewater treatment processes and techniques that are developed methods which have not been fully proven under the circumstances of their contemplated use and which represent a significant advancement over the state of the art in terms of meeting the national goals of cost reduction, increased energy conservation or recovery, greater recycling and conservation of water resources, reclamation or reuse of effluents and resources, improved efficiency and/or reliability, the beneficial use of sludges or effluent constituents, better management of toxic materials or increased environmental benefits.
- 23) INTENDED USE PLAN -- A plan which includes a description of the short and long term goals and objectives of the fund, project categories, discharge requirements, terms of financial assistance and the communities to be served.
- 24) LOAN AGREEMENT -- The contractual agreement between the Agency and the local government unit which states the terms and conditions governing the loan issued from the fund.
- 25) LOAN APPLICANT -- The local government unit which has applied for a loan from the fund for construction of a wastewater treatment works.
- 26) LOAN COMMITMENT LETTER -- The letter that is sent by the Agency to the loan recipient which reserves loan funds and identifies the requirements that must be satisfied prior to the loan agreement.

- 27) LOAN PROCEDURES -- The Procedures For Issuing Loans From The Fund (35 Ill. Adm. Code 365).
- 28) LOAN RECIPIENT -- The local government unit which has been provided a loan for construction of a wastewater treatment works from the Fund.
- 29) LOCAL GOVERNMENT UNIT -- A county, municipality, township, municipal or county sewerage or utility authority, sanitary district, improvement authority or any other political subdivision whose primary purpose is to construct, operate and maintain wastewater treatment works.
- 30) OPERATING AGREEMENT -- The agreement that establishes the policies, procedures and activities between the Agency and the USEPA for the application and receipt of federal capitalization grant funds for capitalization of the Fund.
- 31) MARKET INTEREST RATE -- The mean interest rate of the weekly Bond Buyer Index from July 1 to June 30 rounded to the nearest one hundredth of a percent.
- 32) PROJECT PRIORITY LIST -- An ordered listing of projects developed in accordance with the priority system, as described in Section 365.401 (Project Priority Determination) which the Agency has determined are eligible to receive financial assistance from the Fund.
- 33) RESPONSIBLE BID -- Bid that demonstrates the apparent ability to successfully meet all the requirements specified in the contract documents. Information required to demonstrate responsibility may be corrected or submitted after bid opening.
- 34) RESPONSIVE BID -- Bid that complies with all meaningful or material aspects of the contract documents. The bid must constitute a definite and unqualified offer to meet the material requirements of the contract documents including any terms that affect price, quality, quantity or time of delivery, or are clearly identified in the contract documents to be complied with at the risk of bid rejection for non-responsiveness. Bid defects resulting in a non-responsive bid may not be corrected after the bid opening.
- 35) SUBAGREEMENT -- A written agreement between the loan recipient and another party and any tier of agreement thereunder to furnish services, supplies, or equipment necessary to complete the project for which a loan was provided, including contracts for personal and professional services and purchase orders.



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- 36) TITLE II -- Title II of the federal Clean Water Act (33 U.S.C. 1251 et seq.).
- 37) TITLE III -- Title III of the federal Clean Water Act (33 U.S.C. 1251 et seq.).
- 38) TITLE IV -- Title IV of the federal Clean Water Act (33 U.S.C. 1251 et seq.).
- 39) TITLE VI -- Title VI of the federal Clean Water Act (33 U.S.C. 1251 et seq.).
- 40) TREATMENT WORKS -- Any devices and systems owned by a local government unit and used in the storage, treatment, recycling, and reclamation of sewerage or industrial wastes of a liquid nature, including intercepting sewers, outfall sewers, sewage collection systems, pumping power and other equipment, and their appurtenances; extensions; improvements; remodeling; additions, and alterations thereof; elements essential to provide a reliable recycled supply, such as standby treatment units and clear well facilities; and any works, including site acquisition of the land that will be an integral part of the treatment process.

41) USEFUL LIFE -- The estimated period during which a wastewater treatment works will be operated.

42) USEPA -- The United States Environmental Protection Agency.

## Section 365.104 Incorporations by Reference

a) The following publications are incorporated by reference:

- 1) American Institute of Certified Public Accountants' Professional Standards (666 Fifth Ave., N.Y., N.Y. 10019, June 1, 1987)
- 2) Operation of Wastewater Treatment Plants, 1980, 2nd edition (three volumes)
- 3) Operation and Maintenance of Wastewater Collection Systems, 1983, 1st edition

b) The following federal statutes are incorporated by reference:

- 1) Clean Water Act, as amended (33 U.S.C. 1251 et seq.)

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- 2) Relocation and Real Property Acquisition Policies Act of 1970 (P.L. 91-646)
- 3) National Flood Insurance Act of 1968 (42 U.S.C. 4001-4127)
- 4) Civil Rights Act of 1964 (P.L. 88-352)
- c) The following federal executive orders are incorporated by reference:
  - 1) Executive Order 11625, Women's Business Enterprise
  - 2) Executive Order 12138, Minority Business Enterprise
- d) This Part incorporates no future editions or amendments.
 

SUBPART B: FEDERAL REQUIREMENTS FOR THE FUND

Section 365.201 Involvement of USEPA in the Operation of the Fund

  - a) Prior to the receipt of a capitalization grant from the USEPA, the Agency will fulfill all applicable requirements of the CWA. These requirements are further defined in Section 365.203 (Agency Responsibilities under Title VI of the CWA).

b) USEPA's involvement in the operation of the Fund will be defined in the operating agreement.

## Section 365.202 Uses of the Fund

- a) To accept and retain funds from federal grant awards, appropriations and payments of interest and principal;
- b) To make direct loans at or below market interest rates to any eligible local government unit to finance the construction of wastewater treatment works;
- c) To make direct loans at or below market interest rates to any eligible local government unit to buy or refinance debt obligations for treatment works incurred after March 7, 1985;
- d) To guarantee or purchase insurance for local obligations where such action would improve credit market access or reduce interest rates;
- e) As a source of revenue or security for the payment of principal and interest on revenue or general obligation bonds issued by the State, if the proceeds of such bonds will be deposited in the Fund; and



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- f) To finance the reasonable costs incurred by the Agency in the administration of the Fund.

## Section 365.203 Agency Responsibilities under Title VI of the CWA

- a) The Fund must be established in accordance with the requirements of Title VI prior to the receipt of the capitalization grant for deposit into the Fund.
- b) The Agency will prepare an Intended Use Plan and negotiate an Operating Agreement with the USEPA which will be the basis for the Capitalization Grant Agreement. These documents establish the procedures, activities, and assurances for operation of the Fund including but not limited to the following:

- 1) Grant payments will be accepted in accordance with a payment schedule established jointly by the Agency and the USEPA under 601(b) of the CWA and will be deposited into the Fund;
- 2) A 20 percent State match will be deposited according to an agreed upon schedule;
- 3) A listing and description of projects on the Project Priority List to be provided financial assistance, their discharge requirements under Titles III and IV of the CWA, and the terms of financial assistance;
- 4) Binding commitments for 120 percent of each quarterly federal grant payment must be made within one year of the receipt of the payment;
- 5) Funds as a result of the Capitalization Grants must first be used to assure maintenance of progress toward compliance with the enforceable deadlines, goals and requirements of the CWA;
- 6) Wastewater treatment works constructed with funds made directly available from the Capitalization Grant must meet the appropriate Title II requirements;
- 7) Loan award and disbursement procedures to document loan applicant's compliance with Title VI requirements;
- 8) Repayment period cannot exceed 20 years beyond the initiation of operation date;
- 9) Annual reporting to the USEPA on the Agency's progress toward meeting its goals and objectives; and

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- 10) Annual audit of the Fund in accordance with the auditing procedures of the General Accounting Office (U.S.C. Chapter 75, Title 31).

## Section 365.204 Requirements for Loan Recipients under Title VI of the CWA

- a) Only local government units will be eligible for loans to construct wastewater treatment works projects.
- b) Loan projects must be on the Project Priority List.
- c) Loan projects must meet the following requirements in the same manner as wastewater treatment works constructed with grant funds received under Title II of the CWA:
- 1) Section 201(b) of the CWA (Best Practicable Waste Treatment Technology)
  - 2) Section 201(g)(1) of the CWA (Eligible Project Categories)
  - 3) Section 201(g)(2) of the CWA (Alternative Technology)
  - 4) Section 201(g)(3) of the CWA (Excessive Infiltration/Inflow)
  - 5) Section 201(g)(5) of the CWA (Innovative/Alternative Technology)
  - 6) Section 201(g)(6) of the CWA (Recreational Use and Open Space Opportunities)
  - 7) Section 201(n)(1) of the CWA (Combined Sewer Overflow Projects)
  - 8) Section 201(o) of the CWA (Capital Financing Plans)
  - 9) Section 204(a)(1) and (2) of the CWA (Water Quality Management Plans)
  - 10) Section 204(b)(1) of the CWA (User Charge Systems and Legal Institutional, Managerial and Financial Capabilities)
  - 11) Section 204(d)(2) of the CWA (One Year Project Performance)
  - 12) Section 211 of the CWA (Collection System Restrictions)
  - 13) Section 218 of the CWA (Cost-Effective and Value Engineering Requirements)
  - 14) Section 511(c)(1) of the CWA (National Environmental Policy Act)

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- 15) Section 513 of the CMA (Davis-Bacon Labor Wage Provisions)
- d) Loan projects must be consistent with any plans developed under 205(j), 208, 303(e) and 319 of the CMA.
- e) A dedicated source of revenue must be enacted and enforced by the loan recipient for repayment of the loan.
- f) Loan projects must meet federal minority and women owned business requirements in accordance with Executive Orders 11625 and 12138.
- g) Loans will be made at or below market interest rates.
- h) Loan project accounts will be maintained by the loan recipient in accordance with generally accepted government accounting principles and with the American Institute of Certified Public Accountants' Professional Standards (666 Fifth Avenue, New York, New York 10019, June 1, 1987).
- i) Loans will be fully amortized not later than 20 years after the initiation of operation date.

SUBPART C: LIABILITIES AND REMEDIES FOR FAILURE  
TO COMPLY WITH LOAN PROCEDURES

## Section 365.301 Noncompliance with Loan Procedures

- a) In the event of noncompliance with any condition or obligation imposed pursuant to the loan, the Director may take any necessary action as provided by law against the loan recipient including, but not limited to one or more of the following actions:
- 1) Commence legal action in a court of competent jurisdiction;
  - 2) Annul the loan and recover all loan funds;
  - 3) Terminate the loan pursuant to Section 365.303 (Termination);
  - 4) Suspend all or part of the project work pursuant to Section 365.302 (Stop-Work Order); or
  - 5) Reduce the amount of the loan by the amount of misused funds.
- b) No action shall be taken under this section without prior consultation with the loan recipient.

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- c) In determining whether to take action and which action to take the Agency shall, at a minimum, consider mitigating or aggravating factors, including but not limited to, the severity of the violation(s); the number of violations by the loan recipient; whether the violation is a continuing one; whether the loan recipient can remedy the violation; and whether the loan recipient remains capable of complying with the approved project work.

## Section 365.302 Stop-Work Order

- a) The Agency may, for any violation of this Part, by written order to the loan recipient require the loan recipient to stop all or any part of the project work for a period of not more than 30 days after the date of the order, and for any further period to which the parties may agree. Any such order shall include a list of the project activities to which the order shall apply. Upon receipt of such an order, the loan recipient shall forthwith comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage. Within a period of not more than 30 days of the date of the stop-work order, or within any extension of that period to which the parties shall have agreed, the Agency shall:

- 1) Cancel the stop-work order upon resolution of the violation or cause leading to that stop-work order; or
  - 2) Terminate the work covered by such as provided in Section 365.303(a).
- b) If a stop-work order issued under this condition is cancelled or the period of the order or any extension thereof expires, the loan recipient shall resume work. An adjustment may be made in the loan period, the project period, the loan amount, or any combination of these, with the loan being amended accordingly, if the loan recipient asserts a written claim for such adjustment within 30 days after the end of the period of work stoppage.
- c) No costs which are incurred by the loan recipient after the receipt of a stop-work order, or within any extension of the stop-work order period to which the Agency and the loan recipient shall have agreed, shall be allowable costs hereunder unless authorized by the Agency in writing or as otherwise authorized under this loan procedure.

## Section 365.303 Termination

- a) Loan Termination by Agency  
The Agency, by written notice and after consultation with the loan



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recipient, may terminate the loan, in whole or in part. Cause for termination shall include, but not be limited to failure by the loan recipient to comply with the terms and conditions of the loan or lack of adequate funding. Upon such termination, the loan recipient shall refund any unexpended loan funds to the State of Illinois to be deposited in the Fund, except such portion thereof as may be required by the loan recipient to make payment for materials and equipment furnished or services rendered under an enforceable contract prior to the effective date of the termination and further provided that such costs are otherwise allowable under the conditions of this loan.

## b) Project Termination by Loan Recipient

If the loan recipient desires to terminate a project for which the loan has been provided, it must document good cause and submit its request to the Agency. If the Agency concurs that there is good cause for the termination of all or any portion of a project for which the loan has been provided, it shall enter into a termination agreement or unilaterally terminate the loan. If the Agency finds that the loan recipient has terminated the project without good cause, the loan shall be annulled and all loan funds previously paid to the loan recipient shall be returned to the State of Illinois for deposit into the Fund in accordance with a schedule established by the Agency.

## Section 365.304 Waiver of Procedures

a) Except as stated in subsection (b) below or otherwise required by law, the Director may waive any of these loan procedures, either in whole or in part, with respect to any loan offer, by a statement made in writing to the loan applicant, either as a special condition of the loan offer or otherwise provided the purpose of the requirement waived is not considered by the Director to be necessary to insure the integrity of the project. The waiver may be subject to such additional conditions as the Director may deem necessary.

b) The following procedure(s) will not be waived:

- 1) Section 365.401 (Project Priority Determination)
- 2) Section 365.404 (Interest Rates)
- 3) Section 365.501 (Sewer System Evaluation and Rehabilitation)
- 4) Section 365.502 (Loan Applicants Responsibilities During Facilities Planning)
- 5) Section 365.503 (State Environmental Review)

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- 6) Section 365.504 (Limitations on Awards for Individual Systems)
- 7) Section 365.505 (Value Engineering Requirements)
- 8) Section 365.506 (Area-wide Waste Treatment Management Planning)
- 9) Section 365.602(d)(3) (Wage Provisions)
- 10) Section 365.602(d)(4) (MBE/MBE Requirements)
- 11) Section 365.603(b)(1)(D) (MBE/MBE Requirements)
- 12) Section 365.705 (Operation and Maintenance of the Project)
- 13) Section 365.707 (Project Performance Certification)
- 14) Section 365.901 (Sewer Use Ordinance)
- 15) Section 365.902 (User Charges)
- 16) Section 365.904 (Dedicated Source of Revenue)

## SUBPART D: PROCEDURES FOR ISSUANCE OF LOANS

## Section 365.401 Project Priority Determination

- a) Financial assistance may be provided from the Fund, only to local government units that have projects which are on the Project Priority List developed by the Agency.
- b) The Project Priority List sets forth the priority for receipt of loans for each loan applicant. Priorities are established in accordance with Agency rules entitled, "Procedures and Requirements for Determining Construction Grant Priorities for Municipal Sewage Treatment Works Needs" (35 Ill. Adm. Code 364), after the completion and submittal of a loan pre-application by the loan applicant pursuant to Section 365.402 (Pre-applications for Financial Assistance and Identification of Projects to be Funded).
- c) Projects on the Project Priority List will be included on the list of projects in the Intended Use Plan in priority order, provided the project is scheduled to initiate construction by March 31 of the subsequent federal fiscal year.

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## Section 365.402 Pre-applications for Financial Assistance and Identification of Projects to be Funded

- a) The pre-application will be submitted by the loan applicant to the Agency in order to determine the relative priority of the project on the Project Priority List and shall include:
  - 1) A description of the proposed project;
  - 2) An estimated project cost;
  - 3) Documentation of the need for the proposed project; and
  - 4) A proposed schedule for construction
- b) Loan applicants for financial assistance must file a new pre-application annually on or before March 31 except as provided in subsection (c) below.
- c) Pre-applications for emergency projects may be filed at any time.
- d) By July 1 of each calendar year, the Agency shall publish a list of the projects which are proposed for funding during the next federal fiscal year. These projects will be included in the Intended Use Plan.
- e) After January 1 of each federal fiscal year, the Agency may substitute other projects listed on the Project Priority List for funding in lieu of the projects in the Intended Use Plan, if the latter are not likely to utilize the available funding in a timely manner.
- f) The Agency may substitute emergency projects in lieu of projects in the Intended Use Plan, if their priority ranking would place them higher than those listed in the current Intended Use Plan.

## Section 365.403 Financial Assistance Application and Approval

- a) The following is required prior to a loan commitment letter:
  - 1) Completed loan application for financial assistance which includes a disbursement schedule;
  - 2) An approved facilities plan (including an environmental assessment) in accordance with Section 365.502 (Facilities Planning);
  - 3) Agreement to pay any project related costs not included in the loan;

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- 4) Statement that the loan recipient has the legal, institutional, managerial and financial capability to insure adequate building, operation, maintenance and replacement of the project;
- 5) Statement that no unlawful or corrupt practice has taken place in the planning or design of the project; and
- 6) Statement that the services of anyone listed on the master list of debarments, s pensions and voluntary exclusions (Executive Order 12549) has not been used for planning or design work.
- 7) Resolution authorizing a representative to sign loan documents.
- b) The following is required prior to the issuance of the loan agreement:
  - 1) Evidence of compliance with the Relocation and Real Property Acquisition Policies Act of 1970 (P.L. 91-646);
  - 2) Statement that the necessary project site, rights-of-way, easements and permits for construction of the project have been obtained;
  - 3) Statement of intent to comply with the National Flood Insurance Act of 1968 (42 U.S.C. 4001-4127);
  - 4) An approved sewer use ordinance and user charge system in accordance with the provisions of Sections 365.901 (Sewer Use Ordinance) and 365.902, (User Charges);
  - 5) An approved dedicated source of revenue in accordance with the provisions of Section 365.904 (Dedicated Source of Revenue);
  - 6) Construction drawings and specifications, suitable for bidding purposes;
  - 7) A construction permit application and permit or "authorization to construct" from the Agency, pursuant to the provisions of 35 Ill. Adm. Code 309.154 and 309.202; whichever may be applicable;
  - 8) Identification of project performance standards;
  - 9) Project completion schedule;
  - 10) A proposed loan disbursement schedule;
  - 11) An executed engineering contract for design and construction related work which includes a method of compensation, an access



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to records clause, a covenant against contingent fees clause, a scope of work, a time of completion and an MBE/WBE clause;

- 12) An approved value engineering study if the estimated project costs exceed \$10 million at the time that the facilities plan is approved;
- 13) Compliance report [Title VI, Civil Rights Act of 1964 (P.L. 88-352) and Section 13 of the CWA];
- 14) Satisfactory evidence of compliance with any other applicable State and federal statutory and regulatory requirements;
- 15) Bid advertising documentation;
- 16) Any addenda issued by the loan applicant, if applicable; and
- 17) Summary and recommendations as a result of the review of the bids.

## Section 365.404 Interest Rates

The interest rates charged for a wastewater loan shall be a simple annual interest rate as follows:

- a) One-half of the market interest rate but not less than 2.50 percent, except as provided in subsection (b) below.
- b) 2.50 percent for compliance projects provided that:

- 1) The loan applicant submits to the Agency within 180 days of the effective date of this Part, documentation to justify that the proposed project qualifies under the definition of Compliance Project as contained in Section 365.103(b)(9);
- 2) The Agency concurs with the justification submitted and agrees that the project qualifies under the definition of Compliance Projects. The Agency will notify the loan applicant in writing of its decision;
- 3) The loan applicant provides necessary information and loan applications pursuant to Sections 365.402, 365.403(a) and 365.403(b) in a manner consistent with the Agency's management of the annual Intended Use Plan and Project Priority List; and
- 4) The compliance project is included in an enforceable schedule (judicial order, Illinois Pollution Control Board Order or

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permit compliance schedule pursuant to 35 Ill. Adm. Code-Subrule C) prior to June 30, 1992.

## Section 365.405 Restrictions on Refinancing

- a) No project cost incurred prior to the execution of the loan agreement shall be eligible for loan assistance except:
  - 1) Design costs as set forth in Section 365.406 (Limitation on Design Cost); and
  - 2) Compliance project costs incurred after March 7, 1985.
- b) Any construction obligations incurred more than 90 days after the effective date of this Part must receive Agency approval prior to construction contract award.

## Section 365.406 Limitation on Design Cost

Allowable costs for design of the loan project will be limited to the actual cost incurred for design up to a maximum percentage of the as bid construction cost.

- a) For less than \$500,000 the design will be funded up to 15 percent of the as bid construction cost.
- b) From \$500,001 to \$2,000,000, the design will be funded up to 12 percent of the as bid construction cost.
- c) From \$2,000,001 to \$5,000,000, the design will be funded up to 10 percent of the as bid construction cost.
- d) From \$5,000,001 to \$10,000,000, the design will be funded up to 8 percent of the as bid construction cost.
- e) For greater than \$10,000,000, the design will be funded up to 7 percent of the as bid construction cost.

## SUBPART E: PLANNING REQUIREMENTS FOR LOAN PROJECTS

## Section 365.501 Sewer System Evaluation and Rehabilitation

- a) Loan applicants for construction or expansion of wastewater treatment works must demonstrate to the satisfaction of the Agency that each sewer collection system discharging into the wastewater treatment works project for which the loan offer is made is not or will not be subject to excessive infiltration/inflow.

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b) The final determination whether excessive infiltration/inflow exists will consider:

- 1) the impacts of infiltration/inflow on the performance of the proposed wastewater treatment works;
- 2) the life cycle cost-effectiveness of infiltration/inflow reduction versus transport and treatment (including the cost of substantial wastewater treatment works construction delay);
- 3) effectiveness of rehabilitation technology;
- 4) public health emergencies; and
- 5) other relevant economic or environmental factors.

c) The determination whether or not excessive infiltration/inflow exists will generally be accomplished by an infiltration/inflow analysis prepared as an element of the facilities plan. Where infiltration/inflow is found to be excessive and reduction through sewer system rehabilitation is necessary, a sewer system evaluation survey shall also be conducted as part of the facilities planning to identify and justify the cost-effective scope of rehabilitation work.

d) The selected construction project resulting from facilities planning shall provide an adequate program for elimination of excessive infiltration/inflow or treatment of non-excessive infiltration/inflow to the levels required under State and federal regulations.

#### Section 365.502 Loan Applicant's Responsibilities During Facilities Planning

a) The loan applicant shall undertake and complete facilities planning, which shall consist of plans and studies which are directly related to the construction of wastewater treatment works, to maintain compliance with State and federal requirements as specified in 35 Ill. Adm. Code Subtitle C, and the CMA.

The loan applicant shall demonstrate to the satisfaction of the Agency through such plans and studies the need for the facilities for which loan assistance is being requested and, by a systematic evaluation of feasible alternatives. It shall also demonstrate that the proposed facilities represent the most cost-effective means of meeting applicable effluent limitations and water quality standards and goals, recognizing environmental and social conditions.

b) If the information required to be furnished as part of a facilities plan has been developed separately, it should be furnished and

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incorporated by reference in the facilities plan. Planning previously or collaterally accomplished under local, State or federal programs will be utilized (not duplicated).

c) The facilities plan submitted for approval shall include adopted resolutions or, where applicable, executed agreements of the implementing local government units or management agencies providing for acceptance of the plan, or assurances that it will be carried out, and statements of legal authority necessary for plan implementation.

d) The facilities plan may include more than one construction project and provide the basis for several subsequent construction projects. A facilities plan which has served as the basis for providing a loan for a construction project shall be reviewed prior to providing any loan for a subsequent project involving construction to determine if substantial changes have occurred. If, in the judgement of the Agency, substantial changes have occurred which warrant revision or amendment, the plan shall be revised or amended and submitted for review in the same manner specified in Section 365.503 (a) and (b) below.

e) Facilities planning must be in accordance with the following requirements, and such other requirements as may be determined to be appropriate by the Agency. Such facilities plan shall include:

- 1) A description of the wastewater treatment works for which construction drawings and specifications are to be prepared. This description shall include preliminary engineering data, cost estimates for design and construction of the wastewater treatment works, and a schedule for completion of design and construction. The preliminary engineering data may include, to the extent appropriate, such information as a schematic flow diagram, unit processes, design data regarding detention times, flow rates, sizing of units, etc.

2) An appropriate description of the selected complete waste treatment system(s) of which the proposed wastewater treatment works is a part.

3) Infiltration/inflow documentation in accordance with Section 365.501 (Sewer System Evaluation and Rehabilitation). The loan applicant must document in facility planning that the sewer system discharging into the wastewater treatment works is not subject to excessive infiltration/inflow or provide a sewer system evaluation survey along with the cost effective scope of



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proposed rehabilitation work, for any project involving construction of additional wastewater treatment works capacity.

- 4) A cost-effectiveness analysis of appropriate alternatives for the wastewater treatment works to assure that the project proposed constitutes BPWT. The selection of the wastewater treatment works on which construction drawings and specifications are to be based shall reflect the cost-effectiveness analysis. This analysis shall include when appropriate:
  - A) The relationship of the nature, size and capacity of the wastewater treatment works to the needs to be served, including reserve capacity;
  - B) An evaluation of alternative technologies and techniques including those for beneficial recycling and reuse of wastewaters where appropriate;
  - C) An evaluation of the capability of each alternative to meet applicable effluent limitations. The wastewater treatment works design must be based upon meeting effluent limitations and maintaining compliance with State or federal requirements as specified in 35 Ill. Adm. Code. Subtitle C, and the CWA;
  - D) An evaluation of the alternative means by which ultimate disposal can be effected for treated wastewater and for sludge materials resulting from the treatment process;
  - E) An evaluation of water reclamation, water recycling, recreational opportunities and open space opportunities; and
  - F) An inventory of environmental impacts of the project within the planning area and discussion as to what measures are being taken during planning, design and construction to avoid or mitigate potential negative environmental impacts from the proposed project.
- 5) An identification of effluent discharge limitations or a copy of the permit for the proposed wastewater treatment works as required by Title IV of the CWA.
- 6) Required comments or approvals of relevant State, interstate, regional, and local agencies.

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- 7) A statement demonstrating that the authorities which will be implementing the plan have the necessary legal, financial, institutional, and managerial capability to insure the construction, operation, and maintenance of the proposed wastewater treatment works.
- 8) The scope of each wastewater treatment works project defined within the facilities plan as being required for implementation of the plan, and for which State assistance will be requested, shall define:
  - A) Any necessary new wastewater treatment works construction; and
  - B) Any rehabilitation work determined by the sewer system evaluation to be necessary for the elimination of excessive infiltration/inflow. However, rehabilitation which should be a part of the loan applicant's normal operation and maintenance responsibilities shall not be included within the scope of a wastewater treatment works construction project.

## Section 365.503 State Environmental Review

- a) Prior to making a final determination on the acceptability of a facilities plan, the Agency will conduct a review of the environmental impacts of the proposed project and shall prepare for public comment a written Preliminary Environmental Impacts Determination. Interested members of the public will be given adequate opportunity to comment both on the facilities plan and the Agency's environmental review. After receiving and assessing public comment, the Agency shall take a final action to approve or disapprove the planning. This determination shall be issued in writing to the loan applicant and interested members of the public.
- b) The Agency shall not undertake its environmental review until it has determined to its satisfaction that the facilities plan conforms to the requirements listed in Sections 365.501 (Sewer System Evaluation and Rehabilitation) and 365.502 (Loan Applicant's Responsibilities During Facilities Planning), and that based on the information available all reasonable measures have been taken in the planning to avoid and mitigate negative environmental impacts.
- c) The scope of the Agency's environmental review shall include, but not be limited to, an assessment of the impacts of both the loan funded project and the overall planning on rare and endangered species, historic/cultural resources, prime agricultural land, air and water

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quality, recreational areas, wetlands, floodplains and other sensitive environmental areas. The review shall also assess the direct and indirect impacts of construction on the community.

d) The Agency may identify certain classes of construction projects which, by their limited scope, preclude the potential for negative environmental impacts. The Agency may categorically exclude these projects from environmental review by providing written public notice and soliciting public comment on each project.

e) The Preliminary Environmental Impacts Determination shall be mailed to the loan applicant and other interested parties, inviting public comment. Within 30 days of receipt of the Agency's preliminary determination, the loan applicant will hold a public hearing on the plan and the Agency's Preliminary Environmental Impacts Determination for the purpose of obtaining public comment.

f) The time and place of the public hearing shall be conspicuously and adequately announced. In addition, the Agency's Preliminary Environmental Impacts Determination document shall be displayed at a convenient local site sufficiently prior to the hearing to obtain a level of public participation appropriate to the scope and impacts of the project. In no case will the public notice period be less than 15 days.

g) The loan applicant shall provide interested local, State and federal agencies, State and regional clearinghouses, citizen groups and local public officials with written notice of the public hearing.

h) The loan applicant will provide to the Agency an accurate summary of all public comments received together with any proposed amendments to the plan made in response to these comments.

i) Upon receipt of this public hearing summary and the expiration of a 15 day comment period from the day of the hearing, the Agency shall provide in writing any one of the following:

- 1) an unconditional approval of the plan (original or as amended); or
- 2) a conditional approval of the plan with special conditions for mitigation of negative environmental impacts; or
- 3) disapproval of the plan based on evidence of significant negative environmental impacts for which appropriate mitigative measures have not been identified; or

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4) determination to prepare an Environmental Impact Statement (EIS) which the Agency may at its sole discretion prepare or have prepared by a qualified outside contractor. The Agency may reconsider approval or conditional approval of the project based on the recommendations of the EIS.

j) Agency facilities planning determinations made in accordance with subsection (i) above shall be subject to the provisions of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1987, ch. 127, pars. 1001 et seq.).

## Section 365.504 Limitations on Awards for Individual Systems

a) Construction involving privately owned alternative wastewater treatment works must be part of the cost-effective solution in the approved facilities plan.

b) Loan applicants must have legal authority to access all such privately owned systems at all reasonable times for such purposes as inspections, monitoring, building, operation, maintenance, rehabilitation, and replacement.

## Section 365.505 Value Engineering Requirements

Value engineering consists of an intensive, independent review of plans and specifications utilizing a specialized cost control technique to identify unnecessary high cost items in the proposed project.

a) Value engineering is required for all projects which are estimated to cost over \$10 million for the total project construction cost at the time the facilities plan is approved.

b) The value engineering effort must be approved prior to the issuance of the loan agreement.

c) After each value engineering review is completed, the loan recipient must obtain a summary report and recommendations.

d) The loan recipient must review the recommendations and either accept, modify or reject them and send a summary of proposed action along with the value engineering report to the Agency for review and approval.

## Section 365.506 Areawide Waste Treatment Management Planning

The loan recipient shall provide such assurances as the Agency may require that the project is fully consistent with the provisions of Section 208 of the CWA.



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## SUBPART F: REQUIREMENTS APPLICABLE TO SUBAGREEMENTS

## Section 365.601 Loan Requirements for all Subagreements

The following procedures shall apply to all subagreements:

- a) **Local Preference**  
Local laws, ordinances, regulations or procedures which are designed to or operate to give local or in-state bidders or proposers preference over other bidders or proposers shall not be employed in evaluating bids or proposals for subagreements under a loan.
- b) **Profits**  
Only fair and reasonable profits may be earned by contractors in subagreements under Agency loans. Profit included in a formally advertised, competitively bid, fixed price construction contract awarded pursuant to Section 365.602 (Construction Contracts of Loan Recipient) is presumed to be reasonable. The loan recipient shall submit their basis for determination of reasonable profit if a subagreement is not competitively bid.
- c) **Loan Recipient Responsibility**  
The loan recipient is responsible for the administration and successful accomplishment of the project for which Agency loan assistance is provided. The loan recipient is responsible for the settlement and satisfaction of all contractual and administrative issues arising out of subagreements. This includes but is not limited to issuance of invitations for bids or requests for proposals, selection of contractors, award of contracts, protests of award, claims, disputes, and other procurement matters. With the prior written consent of the Agency, these functions may be performed for the loan recipient by an individual or firm retained by the loan recipient for that purpose. Such an agent acts for the loan recipient and is subject to all the provisions of the loan agreement, including this Part, which apply to the loan recipient.
- d) **Privity of Contract**  
Neither the Agency nor the State of Illinois shall be a party to any subagreement (including contracts or subcontracts), nor to any solicitation or request for proposals thereunder.
- e) **Subagreements must:**
  - 1) Be directly related to the accomplishment of the loan recipient's approved work program;

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- 2) Be in the form of an executed written agreement (except for small purchases of \$25,000 or less);
  - 3) Be for monetary or in-kind consideration; and
  - 4) Not be in the nature of a grant or gift.
- f) **Documentation**
- 1) Procurement records and files for purchases in excess of \$25,000 shall include the following:
    - A) Basis for contractor selection;
    - B) Justification for lack of competition if competition appropriate to the type of project work to be performed is required but not obtained; and
    - C) Basis for award cost or price.
  - 2) Procurement documentation as described in Section 365.601(f)(1) above shall be retained by the loan recipient or contractor(s) of the loan recipient for the period of time required by Section 365.802 (Audit and Records) of this Part.
  - g) No subagreement shall be awarded to any person or organization which does not:
    - 1) Have adequate financial resources for performance;
    - 2) Have the necessary experience, organization, technical qualifications, and facilities, or a firm commitment, arrangement, or ability to obtain these requirements.
    - 3) Have the staffing sufficient to comply with the proposed or required completion schedule for the project;
    - 4) Have a satisfactory record of integrity, judgment, and performance;
    - 5) Have an adequate financial management system and audit procedure which complies with generally accepted accounting principles and with the American Institute of Certified Public Accountants' Professional Standards (666 Fifth Ave., N.Y., N.Y. 10019, June 1, 1987).
    - 6) Maintain a standard of procurement in accordance with this Part;

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- 7) Maintain a property management system which provides adequate procedures for the acquisition, maintenance, safeguarding and disposition of all property; and
- 8) Conform to the civil rights, equal employment opportunity, and labor law requirements of this Part.
- h) Fraud and other unlawful or corrupt practices
  - 1) The providing and administration of loans by the State of Illinois, and of subagreements awarded by loan recipients under those loans, must be accomplished free from bribery, graft, kickbacks, and other corrupt practices. The loan recipient bears the primary responsibility for prevention and detection of such conduct and for cooperation with appropriate authorities in the prosecution of any such conduct.
  - 2) The loan recipient must effectively pursue available State or local legal and administrative remedies, and take appropriate remedial action with respect to any allegations or evidence of such illegality or corrupt practices which are brought to its attention. The loan recipient shall advise the Agency immediately when any such allegation or evidence comes to its attention, and shall periodically advise the Agency of the status and ultimate disposition of any such matter.
    - i) Negotiation of Subagreements  
Award of subagreements by any method other than formal advertising is not authorized unless the Agency concurs with the applicants determination that it is impracticable and infeasible to use formal advertising. Negotiated contracts must be competitively awarded to the maximum practicable extent. Procurements may be negotiated by the applicant if approved by the Agency for the following reasons:
      - 1) Public exigency, as evidenced by governmental declaration, will not permit the delay incident to advertising (e.g., an emergency procurement);
      - 2) The aggregate amount involved does not exceed \$4,000;
      - 3) The material or service to be procured is available from only one person or firm;
      - 4) The procurement is for personal or professional services, or for any service to be rendered by a university or other educational institution;

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- 5) No responsive, responsible bids at acceptable price levels have been received after formal advertising; or
- 6) The procurement is for material or services where the prices are established by law, for technical items or equipment requiring standardization and interchangeability of parts with existing equipment, for experimental, developmental or research work, for highly perishable materials, resale, or for technical or specialized supplies requiring substantial initial investment for manufacture.

## Section 365.602 Construction Contracts of Loan Recipient

This procedure shall apply to construction contracts (subagreements) awarded by loan recipients for the construction phase only. It shall not apply to personal and professional service contracts.

- a) Contract documents must include bid, performance and payment bonds.
- b) Each contract shall be awarded after formal advertising, unless negotiation is permitted in accordance with Section 365.601(i) (Negotiation of Subagreements) above. Formal advertising shall be in accordance with the following:
  - 1) Adequate bidding documents  
Bidding documents (invitations for bid) shall be made available by the loan recipient and shall be furnished upon request in a timely manner. A complete set of bidding documents shall be maintained by the loan recipient and shall be available for inspection and copying by any party. Such bidding documents shall include:
    - A) A complete statement of the work to be performed, including necessary drawings and specifications, and the required completion schedule. (Drawings and specifications may be made available for inspection instead of being furnished.);
    - B) The terms and conditions of the contract to be awarded;
    - C) A clear explanation of the method of bidding, the method of evaluation of bid prices, and the basis and method for award of the contract;
    - D) The statement that any contract awarded in response to the bids is expected to be funded in part by a loan from the Fund. Neither the State of Illinois nor any of its departments, agencies or employees is or will be a party to this bidding or any resulting contract;



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- E) Responsibility requirements or criteria which will be employed in evaluating bidders, provided that an experience requirement or performance bond may not be utilized unless adequately justified under the particular circumstances by the recipient.
- F) A copy of subsections (G) and (H) below shall be in the proposal form to be used by bidders and, will constitute a representation and certification to be considered as a part of their bid.
- G) By submission of the bid, each bidder certifies, and in the case of a joint bid each party thereto certifies as to his own organization, that in connection with the bid:
- i) The prices in the bid have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - ii) Unless otherwise required by law, the prices which have been quoted in the bid have not knowingly been disclosed by the bidder, prior to opening, directly or indirectly to any other bidder or to any competitor; and
  - iii) No attempt has been made or will be made by the bidder to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition; and
- H) Each person signing the bid shall certify that:
- 1) He is the person in the bidder's organization responsible for the decision as to the prices being bid and that he has not participated, and will not participate, in any action contrary to subsection (G) above; or
  - ii) He is not the person in the bidder's organization responsible for the decision as to the prices being bid, but that he has been authorized to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to subsection (G) above, and as their agent shall so

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- certify. He shall also certify that he has not participated, and will not participate, in any action contrary to subsection (G) above.
- 2) Addenda to bidding documents  
If the loan recipient desires to amend any part of the bidding documents (including drawings and specifications) during the period when bids are being prepared, the addenda shall be communicated in writing to all firms who have obtained bidding documents in time to be considered prior to the bid opening time. When appropriate, the period for submission of bids shall be extended. Any addenda issued to the bidding documents should be submitted to the Agency for approval prior to the bid opening.
- 3) Award to the low, responsive, responsible bidder
- A) After bids are opened, they shall be evaluated by the loan recipient in accordance with the methods and criteria set forth in the bidding documents.
  - B) The loan recipient may reserve the right to reject all bids if it has documented sound business reasons which are in the best interest of the program for which financial assistance is being provided. Unless all bids are rejected, award shall be made to the low, responsive, responsible bidder after the bid evaluation has been submitted to the Agency and written notice of Agency approval has been received by the loan recipient.
  - C) If award is intended to be made to a firm which did not submit the lowest bid, a written statement shall be prepared prior to any award and retained by the loan recipient explaining why each lower bidder was deemed not responsive or not responsible.
- c) Negotiations of Contract Amendments (Change Orders)
- 1) Loan Recipient responsibility  
The loan recipient is responsible for negotiation of construction contract change orders. This function may be performed by the loan recipient directly or, if authorized, by his consulting engineer. During negotiations the loan recipient shall:
  - A) Make sure that the contractor has a clear understanding of the scope and extent of work and other essential requirements;

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B) Assume that the contractor demonstrates that he will make available or will obtain the necessary personnel, equipment and materials to accomplish the work within the required time; and

C) A summary of all negotiations and the engineer's independent cost estimate shall be maintained with the records.

2) Changes in contract price or time  
The contract price or time may be changed only by a change order. When negotiations are required, they shall be conducted in accordance with subsection (c).

3) For each change order the contractor shall submit to the loan recipient for review sufficient cost and pricing data to enable the loan recipient to ascertain the necessity and reasonableness of costs and amounts proposed, and the allowability and eligibility of costs proposed.

4) Agency review

For any change order, the loan recipient shall submit to the Agency for its review no later than 60 days after execution of the change order the following:

- A) The cost and pricing data submitted by the contractor;
- B) A certification of review and acceptance of the contractor's cost or price;
- C) Two copies of the executed change order with proper justification; and
- D) The summary of negotiations and the engineer's independent cost estimate.

d) Required Construction Contract Provisions

Each construction contract shall include the following provisions:

- 1) Audit; access to records;
- A) The contractor shall maintain books, records, documents and other evidence directly pertinent to performance on loan work under this agreement in accordance with accepted business practices and appropriate accounting procedures

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and practices. The contractor shall also maintain the financial information and data used by the contractor in the preparation or support of any cost submissions required under subsection (c) above. (Negotiation of Contract Amendments, Change Orders) and a copy of the cost summary submitted to the owner. The Auditor General, the owner, the Agency, or any of their duly authorized representatives shall have access to such books, records, documents, and other evidence for the purpose of inspection, audit, and copying. The contractor will provide proper facilities for such access and inspection.

B) If this contract is a formally advertised, competitively awarded, fixed price contract, the contractor agrees to include access to records as specified in subsection (d)(1)(A) above. This requirement is applicable to all negotiated change orders and contract amendments in excess of \$25,000 which affect the contract price. In the case of all other prime contracts, the contractor also agrees to include access to records as specified above in all his contracts and all tier subcontracts or change orders thereto directly related to project performance which are in excess of \$25,000.

C) Audits conducted pursuant to this provision shall be in accordance with generally accepted auditing standards.

D) The contractor agrees to the disclosure of all information and reports resulting from access to records pursuant to subsection (d)(1)(A) above. Where the audit concerns the contractor, the auditing agency will afford the contractor an opportunity for an audit exit conference and an opportunity to comment on the pertinent portions of the draft audit report. The final audit report will include the written comments, if any, of the audited parties.

E) Records under subsection (d)(1)(A) above shall be maintained and made available during performance of the work under this loan agreement and until three years from the date of final loan audit for the project. In addition, those records which relate to any dispute or litigation or the settlement of claims arising out of such performance, or costs or items to which an audit exception has been taken, shall be maintained and made available until three years after the date of resolution of such dispute, appeal, litigation, claim, or exception.



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F) The right of access conferred by this clause will generally be exercised (with respect to financial records) under:

- i) negotiated prime contracts;
  - ii) negotiated change orders or contract amendments in excess of \$25,000 affecting the price of any formally advertised, competitively awarded, fixed price contract; and
  - iii) subcontracts or purchase orders under any contract at other than a formally advertised, competitively awarded, fixed price contract.
- G) This right of access will generally not be exercised with respect to a prime contract, subcontract, or purchase order awarded after effective price competition. In any event, such right of access may be exercised under any type of contract or subcontract:
- i) with respect to records pertaining directly to contract performance, excluding any financial records of the contractor; and
  - ii) if there is any indication that fraud, gross abuse, or corrupt practices may be involved.

2) **Covenant against contingent fees**  
The contractor shall warrant that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warranty, the owner shall have the right to annul the contract without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

3) **Wage provisions**  
The loan recipient certifies that prevailing wages will be used in accordance with the Federal Davis-Bacon wage provisions and the Illinois Prevailing Wage Act (Ill. Rev. Stat. 1987, ch. 48, pars. 395-1 et seq.).

4) **MBE/WBE requirements**  
Evidence that the contractor has taken affirmative steps, in accordance with Executive Orders 11625 and 12138, to assure that

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small, minority and women's businesses are used when possible as sources of supplies, equipment, construction and services.

e) **Subcontracts under Construction Contracts**

The award or execution of all subcontracts by a prime contractor and the procurement and negotiation procedures used by such prime contractor in awarding or executing such subcontracts shall comply with:

- 1) All provisions of State and local law;
- 2) All provisions of this Part with respect to fraud and other unlawful or corrupt practices; and
- 3) All provisions of this Part with respect to access to facilities and records and audit of records.

f) **Contractor Bankruptcy**

In the event of a contractor bankruptcy, the loan recipient shall notify the Agency and shall keep the Agency advised of any negotiations with the bonding company including any proposed settlement. The Agency may participate in those negotiations and will advise the loan recipient of the impact of any proposed settlement to the loan agreement. The loan recipient shall be responsible for assuring that every appropriate procedure and incidental legal requirement is observed in advertising for bids and re-awarding a construction contract.

Section 365.603 Contracts for Personal and Professional Services - Consulting Engineering Agreements

a) The provisions of subsections (a) through (c) apply to all subagreements of loan recipients for design or construction architectural or engineering services where the aggregate amount of services involved is expected to exceed \$25,000 and where loan funds are being utilized to pay for those services.

b) **Required Subagreement Provisions**

1) Each subagreement must include:

- A) The scope and extent of the project work;
- B) A schedule for performance and completion of the contract work including, where appropriate, dates for completion of significant project tasks;

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- C) A method of compensation;
- D) Evidence that the consulting engineer has taken affirmative steps, in accordance with Executive Orders 11625 and 12138, to assure that small, minority and women's businesses are used when possible as sources of supplies, equipment, construction, and services;
- E) An "audit, access to records" clause as follows:
- i) The engineer agrees to include subsections (ii) through (v) below in all his contracts and all subcontracts directly related to project performance which are in excess of \$25,000.
  - ii) The engineer shall maintain books, records, documents and other evidence directly pertinent to performance of Agency loan work under this agreement in accordance with accepted professional practice and appropriate accounting procedures and practices. The Agency or any of its duly authorized representatives shall have access to such books, records, documents and other evidence for the purpose of inspection, audit and copying. The engineer will provide proper facilities for such access and inspection.

iii) Audits conducted pursuant to this provision shall be in accordance with generally accepted auditing standards.

iv) The engineer agrees to the disclosure of all information and reports resulting from access to records pursuant to subsection (ii) above, to the Agency. Where the audit concerns the engineer, the auditing agency will afford the engineer an opportunity for an audit exit conference and an opportunity to comment on the pertinent portions of the draft audit report. The final audit report will include the written comments, if any, of the audited parties.

v) Records under subsection (ii) above shall be maintained and made available during performance on Agency loan work under this agreement and until three years from date of final Agency loan audit for the project. In addition, those records which relate to any "dispute" appeal under an Agency loan agreement,

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or litigation, or the settlement of claims arising out of such performance, or costs or items to which an audit exception has been taken, shall be maintained and made available until three years after the date of resolution of such appeal, litigation, claim or exception; and

- F) A "covenant against contingent fees" clause as follows:  
The engineer warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bonafide employees. For breach or violation of this warranty, the loan recipient shall have the right to annul this agreement without liability or in its discretion to deduct from the contract price or consideration or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.
- 2) If any of the above elements cannot be defined adequately for later tasks at the time of contract execution, the subsequent tasks shall not be included in the contract at that time.

## c) Enforcement

1) Refusal by a consulting engineer to insert the required access clause, or to allow access to its records or to renegotiate a consulting engineering contract in accordance with the foregoing requirements, will render costs incurred under such contract unallowable. Accordingly, all such costs will be questioned and disallowed pending compliance with this Section.

2) Where the Agency determines that the time required to comply with the access to records and type of contract provisions of this section will unduly delay providing loan assistance, it may provide the loan assistance conditioned upon compliance with this section within a specified period of time. In such event, no loan disbursements for the affected engineering work may be made until such compliance has been obtained.

Section 365.604 Compliance with Procurement Requirements for Construction Contracts

a) Loan Recipient Responsibility

The loan recipient is responsible for selecting the low, responsive, and responsible bidder or other contractor in accordance with applicable requirements of State, federal, and local laws and



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ordinances, as well as the specific requirements of this loan agreement directly affecting the procurement and for the initial resolution of complaints based upon alleged violations. If complaint is made to the Agency concerning an alleged violation of any law in connection with this loan agreement in the procurement of construction services or materials for a project involving construction work, the complaint will be referred to the loan recipient for resolution. The loan recipient shall promptly determine each such complaint upon its merits permitting the complaining party as well as any other interested party who may be adversely affected to state in writing or at a conference the basis for his views concerning the proposed procurement. The loan recipient must promptly furnish to the complaining party and to other affected parties, by certified mail, a written summary of its determination, substantiated by an engineering or legal opinion, providing a justification for its determination.

## b) Time Limitations

Complaints should be made pursuant to subsection (a) above as early as possible during the procurement process, preferably prior to the bid opening to avoid disruption of the procurement process. A complaint authorized by subsection (a) above must be mailed by certified mail (return receipt requested), or delivered, no later than five working days after the bid opening. If there is no agreement between the parties within seven days following the loan applicant's response, then resolution will occur in accordance with subsection (c) below unless all bids are rejected.

## c) Remedies

All claims, counter-claims, disputes and other matters in question between the recipient and the contractor arising out of, or relating to this subagreement or the breach of it will be decided by arbitration if the parties mutually agree, or in a court of competent jurisdiction within the State.

## d) Deferral of Procurement Action

Where the loan applicant has received a written complaint pursuant to subsection (a) above, it must defer issuance of its solicitation or award or notice to proceed under the contract (as appropriate) for seven days after mailing or delivery of any written adverse determination by the loan applicant. If a determination is made by either the loan recipient, the arbitrator or the court which is favorable to the complainant, the terms of the solicitation must be revised or the contract must be awarded (as appropriate) in accordance with such determination.

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## Section 365.605 Disputes

- a) Only the loan recipient may appeal to the Agency under this provision with respect to its subagreements thereunder for its own name and benefit. Neither a contractor nor a subcontractor of a loan recipient may prosecute an appeal under the disputes provision of a loan in its own name or interest.
- b) Any dispute arising under this loan which is not disposed of by agreement shall be decided by the Director or his duly authorized representative, who shall render his decision in writing and mail or otherwise furnish a copy thereof to the applicant. The decision of the Director shall be final and conclusive.
- c) This "disputes" clause does not preclude consideration of questions of law in connection with decisions provided for in subsection (b) above.

## Section 365.606 Indemnity

The loan recipient shall assume the entire risk, responsibility and liability for any and all loss or damage to property owned by the loan recipient, the Agency or third persons, and any injury to or death of any persons (including employees of the loan recipient) caused by, arising out of, or occurring in connection with the execution of any work, contract or subcontract arising out of this loan, and the loan recipient shall indemnify, save harmless and defend the State of Illinois and the Agency from all claims for any such loss, damage, injury or death whether caused by the negligence of the State of Illinois, the Agency, their agents or employees or otherwise consistent with the provisions of An Act in relation to indemnity in certain contracts (Ill. Rev. Stat. 1987, ch. 29, par. 61). The loan recipient shall require that any and all contractors or subcontractors engaged by the loan recipient shall agree in writing that they shall look solely to the loan recipient for performance of such contract or satisfaction of any and all claims arising thereunder.

## Section 365.607 Covenant Against Contingent Fees

The loan recipient warrants that no person or agency has been employed or retained to solicit or secure this loan upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warranty, the Agency shall have the right to annul this loan without liability or, in its discretion, to deduct from the loan provided, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

SUBPART G: REQUIREMENTS APPLICABLE TO INITIATION, CHANGES, COMPLETION AND OPERATION OF PROJECT

Section 365.701 Project Initiation

The Agency must review and approve the information listed in Section 365.403 (Financial Assistance Application and Approval), as submitted by the loan applicant. Upon the Agency's approval and availability of funds, the loan agreement will be issued and the authorization for the initiation of construction will be given.

Section 365.702 Project Changes

- a) Prior approval by the Agency is required for project changes which may:
  - 1) Increase the amount of loan funds needed to complete the project;
  - 2) Substantially alter the design or scope of the project;
  - 3) Alter the type of treatment to be provided;
  - 4) Extend any contractual or loan completion date for the project;
  - 5) Substantially alter the location, size, capacity or quality of any major item of equipment; or
  - 6) Alter the scope of the project by changing the methodologies or personnel to be used as agreed to at the time the loan is provided.
- b) The loan recipient shall promptly notify the Agency, in writing, of all project changes. Failure on the part of the loan recipient to give timely notice of proposed project changes or action by the loan recipient that is not consistent with the Agency's determination on such changes may, in accordance with Section 365.301 (Noncompliance with Loan Procedures), result in:

- 1) Disallowance of costs incurred which are attributable to the change; and
- 2) Termination of the loan

Section 365.703 Construction Engineering

The loan recipient will assure that the construction substantially conforms with the approved plans and specifications and will provide and maintain competent and adequate construction engineering and monitoring of the project.

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Section 365.704 Project Sign

The loan recipient shall erect and display at the project site a sign acknowledging the source of funds for the project. The sign, in form and style to be determined by the Agency, shall be erected at the start of construction at a location appropriate for public viewing and shall be maintained until the project is completed.

Section 365.705 Operation and Maintenance of the Project

The Agency shall not approve the final inspection for the project unless the loan recipient has certified that the following training and operation and maintenance documents have been provided.

- a) Training pertaining to the proper operation and maintenance of the equipment and process units included in this project.
- b) An operation and maintenance reference library which includes but is not limited to the following:
  - 1) Manufacturer's literature, shop drawings and warranties as well as a maintenance schedule for the equipment and process units included in the project;
  - 2) The plans of record with valve indices for the equipment and process units included in the project. For mechanical wastewater treatment plants, the valve index shall include a listing of valve positions for each possible alternate flow configuration including by-passing of individual treatment processes and units and recommended configurations for emergency conditions that could reasonably be expected to occur; and
  - 3) A maintenance schedule for the equipment and process units included in the project.
- c) Training pertaining to the general operation of treatment plants or collection systems consisting of an operator self-study course such as Operation of Wastewater Treatment Plants, 1980, 2nd edition (three volumes) or Operation and Maintenance of Wastewater Collection Systems, 1983, 1st edition, California State University, Department of Civil Engineering, Sacramento, California.

Section 365.706 Final Inspection

The loan recipient must notify the Agency of the completion of project construction and submit the final change order, along with the contractor's final costs. The plans of record must be forwarded to the appropriate Agency



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regional office. The Agency shall schedule the final inspection within 60 days of the receipt of the notice provided all necessary change orders have been submitted and approved by the Agency.

Section 365.707 Project Performance Certification

The loan recipient shall certify one year after the date of initiation of operation whether or not the wastewater treatment works meets the design specifications and effluent limitations contained in the loan agreement and National Pollutant Discharge Elimination System (NPDES) permit for the wastewater treatment works.

If the loan recipient cannot certify that the wastewater treatment works will meet the design specifications and effluent limitations, a corrective action report must be submitted to the Agency by a target date agreed upon between the loan recipient and the Agency. Failure to submit the report by the agreed upon date will subject the loan to penalties in accordance with Section 365.301 (Noncompliance with Loan Procedures).

SUBPART H: REQUIREMENTS APPLICABLE TO ACCESS, AUDITING, AND RECORDS

Section 365.801 Access

a) The Agency and any persons designated by the Agency shall have access, during normal business hours and any other time during which work is being performed, to the premises where any portion of the work for which the loan was provided is being performed. Subsequent to cessation of loan support, Agency personnel or any authorized representative shall have access to the project records as defined in Section 365.802 (Audit and Records) below and to the project site during normal business hours, to the full extent of the loan recipient's right to access.

b) Any contract entered into by the loan recipient for construction work, and any subagreement thereunder, shall provide the representatives of the Agency with access to the work. The contractor or subcontractor will provide proper facilities for such access and inspection. Such contract or subagreement must also provide that the Agency or any authorized representative shall have access to any books, documents, papers, and records of the contractor or subcontractor which are pertinent to the project for the purpose of making audit, examination, excerpts, and transcriptions thereof.

c) Any failure by the loan recipient or any contractor or subcontractor of the loan recipient to provide access, as provided herein, after 10 days written notice from the Agency, shall be cause for termination

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of the loan pursuant to Section 365.303 (Termination), and refund to the State of Illinois for deposit into the Fund any unexpended loan funds. In addition, repayment of any loan funds previously expended by the loan recipient, contractor, or subcontractor found in noncompliance with this section.

Section 365.802 Audit and Records

a) The loan recipient shall maintain books, records, documents, reports, and other evidentiary material and accounting procedures and practices in accordance with generally accepted government accounting principles and with the American Institute of Certified Public Accountants' Professional Standards (666 Fifth Avenue, New York, New York 10019, June 1, 1987).

- 1) The receipt and disposition by the loan recipient of all assistance received for the project, including both State assistance and any matching share or cost sharing; and
- 2) The costs charged to the project, including all direct and indirect costs of whatever nature incurred for the performance of the project for which the loan has been provided. The foregoing constitutes "records" for the purposes of this subsection.

b) The loan recipient's facilities, or such facilities as may be engaged in the performance of the project for which the loan has been provided, and the loan recipient's records shall be subject at the times specified in Section 365.801 (Access) to inspection and audit by the Agency or any authorized representative.

c) The loan recipient shall preserve and make his records available to the Agency or any authorized representative:

- 1) For all costs associated with design and construction for a 3 year period from the date of final Agency audit under this loan;
- 2) For all other accounting records concerning the loan project, for a 3 year period from the date of the transaction; and
- 3) For such longer period, if any, as is required by applicable statute or lawful requirement, or by subsections (d) and (e) below.

d) If this loan is terminated completely or partially, the records relating to the work terminated shall be preserved and made available for a period of 3 years from the date of any resulting final termination settlement.

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- e) Records which relate to appeals under the "Disputes" clause of this loan, litigation or the settlement of claims arising out of the performance of the project for which this loan was provided, or costs and expenses of the project as to which exception has been taken by the Agency or any of its duly authorized representatives, shall be retained until such appeals, litigation, claims, or exceptions have been disposed.
- f) Any failure by the loan recipient or any contractor or subcontractor of the loan recipient to make records available to the Agency as required by Section 365.801 (Access) after 10 days written notice from the Agency, shall be cause for termination of the loan, pursuant to Section 365.303 (Termination) and refund to the State of Illinois for deposit into the Fund any unexpended loan funds and, in addition thereto, refund of any loan funds previously expended by the loan recipient, contractor or subcontractor found in noncompliance with this Section.

SUBPART I: REQUIREMENTS FOR SEWER USE ORDINANCE.  
USER CHARGES, FINANCIAL CAPABILITY, DEDICATED SOURCE OF REVENUE AND FLOODPLAIN INSURANCE

Section 365.901 Sewer Use Ordinance

- a) The loan applicant must obtain Agency approval of its sewer use ordinance prior to the loan agreement with enactment required prior to the first loan disbursement. The loan applicant shall demonstrate to the satisfaction of the Agency that a sewer use ordinance or other legally binding requirement will be enacted and enforced prior to the first loan disbursement in each jurisdiction served by the treatment works project. The ordinance shall prohibit any connections from inflow sources into the sanitary sewer portions of the sewer system and shall ensure that new sewers and connections to the sewer system are properly designed and constructed.
- b) The sewer use ordinance shall require:
  - 1) Pretreatment of any industrial wastes which would otherwise be detrimental to the wastewater treatment works or its proper and efficient operation and maintenance or will otherwise prevent entry of such wastes into the wastewater treatment works; and
  - 2) Compliance with 35 Ill. Adm. Code 310 (Pretreatment Programs).
- c) The ordinance shall prohibit the introduction of industrial waste into the sewer system until Section 365.902 (User Charges) below, are met.

Section 365.902 User Charges

- a) The loan applicant must obtain approval by the Agency of its proposed system of user charges prior to the loan agreement. The user charge system must be enacted and enforceable prior to the first loan disbursement.
- b) The Agency's approval of a user charge system will be in accordance with the following criteria:
  - 1) The user charge system must result in the distribution of the cost of operation, maintenance and replacement of treatment works within the loan recipient's service area to each user (or user class) in proportion to such user's contribution to the total wastewater loading of the wastewater treatment works. Factors such as strength, volume, and delivery flow rate characteristics shall be considered and included as the basis for the user's contribution to ensure a proportional distribution of operation, maintenance, and replacement costs to each user (or user class).
  - 2) For the first year of operation of new facilities, operation maintenance and replacement costs shall be based upon past experience for existing wastewater treatment works or some other rational method that can be demonstrated to be applicable.
  - 3) The loan recipient shall review user charges annually and revise the rates periodically to reflect actual wastewater treatment works operation, maintenance, and replacement costs. The loan recipient shall report to the Agency six months after the initiation of operation and on an annual basis thereafter, the status of the user charge system including projected costs, actual costs, revenue generated and fund balances.
  - 4) The user charge system must generate sufficient revenue to offset the cost of all wastewater treatment works operation, maintenance and replacement required to be provided by the loan recipient, in addition to any debt service costs which may have been included as part of the user charge system.
  - 5) The user charge system must be incorporated in one or more municipal legislative enactments or other appropriate authority. If the project is a regional treatment works accepting wastewaters from treatment works owned by others, then the subscribers receiving wastewater treatment services from the loan recipient shall have adopted user charge systems. Such user charge systems shall also be incorporated in the



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appropriate municipal legislative enactments, intergovernmental agreements or other appropriate authority.

- 6) The user charge system shall meet such other standards as the Agency may reasonably require in order to assure the continued financial stability of the loan recipient.
- c) Upon approval of a loan recipient's system of user charges, the implementation and maintenance of the approved system shall become a condition of the loan subject to the provisions of Section 365.301 (Noncompliance with Loan Procedures) hereof.
- d) The loan recipient must maintain records necessary to document compliance. The loan recipient shall maintain such records in accordance with the provisions of the Local Records Act, (Ill. Rev. Stat. 1987, ch. 116, pars. 43.101 et seq.).
- e) The Agency or any authorized representative shall have access to any books, documents, papers, and records of the loan recipient which are applicable to the loan recipient's system of user charges for the purpose of making audit, examination, excerpts, and transcriptions thereof to ensure compliance with the provisions of subsection (b) above.

## Section 365.903 Financial Capability

- a) The loan applicant shall demonstrate to the Agency that it possesses the necessary legal, financial, managerial and institutional capability to construct, operate and maintain the project for the life of the wastewater treatment works and to retire the loan in accordance with the schedule contained in the loan agreement, including the execution of any necessary intergovernmental agreements, enactment of a system of user charges and any legislative enactments necessary to recover adequate capital costs to repay the loan in accordance with the terms of the loan agreement.
- b) The financial capability demonstration shall be required and submitted to the Agency for review and approval and must contain at a minimum detailed project costs, existing and proposed operation, maintenance and replacement costs, existing and proposed local capital costs and additional information as deemed necessary by the Agency prior to finalization of any loan agreements.
- c) The Agency may suggest mitigative measures to improve the loan applicant's financial capability to undertake the project. The mitigative measures may include but shall not be limited to: acquisition of grant funding, reduction of project costs, additional

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or different sources of dedicated revenues, efforts to reduce delinquent users and changes to existing financial practices which may threaten generation of adequate revenues.

## Section 365.904 Dedicated Source of Revenue

- a) A source of revenue shall be designated to make the loan repayments. The Agency will review the proposed revenue source to determine that it will generate revenues adequate to make the loan repayments and will provide a continuing source of revenue adequate to make loan repayments for the term of the loan, prior to loan approval.
- b) The loan applicant shall make the necessary legislative enactments to dedicate the source of revenue, prior to the first loan disbursement.
- c) The loan applicant shall establish an account, which is restricted to use for loan repayment, in which to deposit the dedicated revenues prior to the time of the first loan disbursement.
- d) The loan applicant shall, for the term of the loan, review and adjust the dedicated source of revenue as necessary, to provide adequate funds for the repayment of the loan. The applicant shall submit for the Agency's review and approval all proposed changes to the dedicated source of revenue.
- e) The loan applicant shall submit to the Agency a statement on the status of the restricted account six months after initiation of operation and on an annual basis thereafter for the term of the loan. This statement shall contain the status of the dedicated revenue account including the projected revenues, actual revenues and fund balance.
- f) In the event that the actual revenues fall short of the amount required to retire the debt, the Agency will require the dedicated revenue source to be re-examined and restructured, as necessary.

## Section 365.905 Floodplain Insurance

- a) If the project includes insurable structures which will be located within a designated floodplain area pursuant to the National Flood Insurance Act of 1968 (42 U.S.C. 4001-4127), the loan recipient must furnish written evidence that it is participating in the National Flood Insurance Program or the construction areas have been given official exclusion from the flood insurance requirements by the Federal Emergency Management Agency.

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- b) The loan recipient (or the construction contractor, as appropriate) shall acquire any flood insurance made available to it under the National Flood Insurance Act of 1968, as amended, and maintain such insurance for the entire useful life of the insurable structures.
- c) The amount of insurance required is the total project cost, excluding facilities which are uninsurable under the National Flood Insurance Program, or the maximum limit of coverage made available to the loan recipient under the National Flood Insurance Act of 1968, whichever is less.
- d) The required insurance premium for the period of construction is an allowable project cost.

SUBPART J: REQUIREMENTS APPLICABLE TO DISBURSEMENT  
OF LOANS TO RECIPIENTS

## Section 365.1001 Determination of Allowable Costs

The loan recipient will be paid, upon request, in accordance with Section 365.1003 (Disbursement of Loan Funds), for all necessary costs within the scope of the approved project not to exceed the total loan provided and determined to be allowable in accordance with the following criteria:

- a) Allowable Project Costs.  
Project costs of the loan recipient which are reasonable and necessary are allowable. Necessary costs may include but are not limited to:
  - 1) The direct purchase of materials and equipment necessary for the completion of the proposed loan project. The direct purchase of personal services is an allowable cost only if the individual(s) are hired specifically to work on the proposed loan project;
  - 2) Costs under construction contracts;
  - 3) Professional and consultant services;
  - 4) Actual costs incurred for preparation of user charge systems, construction drawings, specifications, estimates, surveys and construction contract documents, subject to the limitations in Section 365.406 (Limitation on Design Cost);
  - 5) Landscaping;
  - 6) Observation of construction work;

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- 7) Removal and relocation or replacement of utilities for which the loan recipient is legally obligated to pay;
- 8) Materials acquired, consumed, or expended specifically for the project;
- 9) A reasonable inventory of laboratory chemicals and supplies necessary to initiate plant operations;
- 10) Project identification sign;
- 11) Costs for required insurance premium for floodplain insurance during the construction period; and
- 12) Services of the prime engineer for project performance services during the one year period following initiation of operation.

## b) Unallowable Costs

Costs which are not necessary for the construction of a treatment works project are unallowable. Such costs include, but are not limited to:

- 1) Facilities planning costs;
- 2) Basin or areawide planning not directly related to the project;
- 3) Bonus payments for completion of construction in advance of a contractual completion date;
- 4) Personal injury compensation or damages arising out of the project, whether determined by adjudication, arbitration, negotiation, or otherwise;
- 5) Fines and penalties resulting from violations of, or failure to comply with, federal, State, or local laws;
- 6) Costs outside the scope of the approved project;
- 7) Ordinary operating expenses of local government, such as salaries and expenses of a mayor, city council members, or city attorney;
- 8) Site acquisition [i.e. wastewater treatment plant sites, easements or sludge disposal areas except as otherwise provided in subsection (c)];



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- 9) Costs for which payment has been or will be received under another State or Federal assistance program;
- 10) Costs of equipment or material procured in violation of any provisions of this Part;
- 11) Costs of special funds (i.e., industry advancement funds, funds to reimburse bidding costs to unsuccessful offerors, etc.) financed by contractors, contributions in the construction industry for methods and materials research, public and industry relations, market development, labor-management matters, wage negotiations, jurisdictional disputes, defraying of all or part of unsuccessful offerors bidding costs, or similar purposes;
- 12) Costs for construction engineering where such costs are incurred after the expiration of the applicable contractual completion date, even if the contractual completion date is subsequently extended by the loan recipient, unless such extension has been approved by the Agency in accordance with Section 365.702 (Project Changes); and
- 13) Personal and professional service costs (including professional engineering costs) when the Agency has been refused access to the books and records of the contractor or the contractor has refused to renegotiate a personal or professional services contract in accordance with the provisions of Section 365.603 (Contracts for Personal and Professional Services - Consulting Engineering Agreements) hereof.
- c) Costs Allowable, if Approved by the Agency  
Land acquired after March 7, 1985, that will be an integral part of the treatment process or that will be used for ultimate disposal of residues resulting from such treatment (e.g., land for spray irrigation of wastewater effluent);
- d) Sewage Collection Systems  
No project costs will be allowed for the construction of any sewage collection system until the Agency has made a determination in writing prior to initiation of construction that there is a wastewater treatment works of sufficient existing or planned capacity to adequately treat the sewage collected by the proposed sewage collection system.
- e) Disputes Concerning Allowable Costs  
The loan recipient shall seek to resolve any questions relating to cost allowability or allocation at its earliest opportunity. Final determinations by the Director concerning the allowability of costs shall be conclusive.

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- Section 365.1002 Use of Loan Funds and Payment of Unallowable Costs
- a) The loan shall be expended solely for approved allowable costs incurred in the design and construction of the project.
- b) The loan recipient agrees to pay the unallowable costs associated with the project and all allowable costs of the project which exceed the amount of the loan offer and shall construct the project, or cause it to be constructed to final completion in accordance with the plans and specifications and on the schedule approved by the Agency for the project.
- c) The loan recipient commits itself to complete the construction of the operable wastewater treatment works.
- Section 365.1003 Disbursement of Loan Funds
- a) Disbursements are subject to the following:
- 1) Appropriation of federal funds by the U.S. Congress and release of funds by the USEPA;
  - 2) Appropriation of funds by the Illinois General Assembly, and deposit into the Fund; and
  - 3) Receipt of loan repayments.
- b) Disbursement may be requested in accordance with the following:
- 1) After the receipt of a fully executed loan agreement by the Agency, disbursement requests must be sent directly to the Agency and disbursements shall be processed to the loan recipient in accordance with the provisions of the loan agreement.
  - 2) Disbursements will be processed based on costs incurred that are due and payable, as evidenced by invoices, no more often than monthly. Any payment may be withheld for a violation of the loan agreement conditions.
  - c) Under emergency situations that cause serious cash flow problems, the Agency may process additional disbursements as needed.
  - d) The loan recipient shall make payment to the contractor in accordance with the Local Government Prompt Payment Act (Ill. Rev. Stat. 1987, ch. 85, pars. 5601 et seq.).

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- e) The State share of any refunds, rebates, credits, or other amounts (including any interest thereof) accruing to or received by the loan recipient with respect to the project, to the extent that they are properly allocable to costs for which loan funds have been disbursed must be paid to the State of Illinois for deposit in the Fund minus any reasonable expenses incurred in securing these funds.
- f) The following is required prior to the establishment of the final principal amount:
  - 1) The Agency will conduct a final audit, final inspection, and a project review to insure that all applicable loan conditions have been satisfied; and
  - 2) The loan recipient shall have a final waiver from the contractor and a Certification of Payment that all bills have been paid.
- g) The loan recipient must also submit a release at this time, discharging the State of Illinois, its officers, agents, and employees from all liabilities, obligations, and claims arising out of the project work or under the loan, subject only to such exceptions which may be specified in the release.
- h) Any unauthorized use of loan funds will result in repayment of those loan funds to the State of Illinois for deposit into the Fund.

SUBPART K: PROCEDURES FOR LOAN REPAYMENT  
AND DELINQUENT REPAYMENT

Section 365.1101 Loan Repayment to the Agency

Loan repayment to the Agency will be in accordance with the loan repayment schedule contained in the loan agreement.

- a) Loan repayments of principal and interest as determined by the Agency will commence not later than 90 days after initiation of operation and will be due quarterly unless the Agency determines that the dedicated source of revenue justifies an alternative repayment plan.
- b) A final principal amount will be determined by the Agency after a final audit, final inspection, and project review have been made to ensure all applicable loan conditions have been satisfied.
- c) A loan repayment schedule will be prepared by the Agency and will be furnished to the loan recipient at the time of establishment of the final principal amount.

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Section 365.1102 Delinquent Loan Repayments

- a) In the event that a repayment is not made by a loan recipient according to the loan schedule of repayment, the loan recipient shall notify the Agency in writing within 15 days after the repayment due date. The notification shall include a statement of the reasons the repayment was not timely tendered, the circumstances under which the late repayment will be satisfied, and binding commitments to assure future repayments. After receipt of this notification, the Agency shall confirm in writing the acceptability of the plan or take action in accordance with subsection (b) below.
- b) In the event that a loan recipient fails to comply with subsection (a) above, the Agency shall promptly issue a notice of delinquency to the loan recipient which shall require a written response within 30 days. The notice of delinquency shall require that the loan recipient revise its rates, fees and charges to meet its obligations or take other specified actions as may be appropriate to remedy the delinquency and to assure future repayments.
- c) In the event that the loan recipient fails to timely or adequately respond to a notice of delinquency, or fails to meet its obligations made pursuant to subsections (a) and (b) above, the Agency shall pursue the collection of the amounts past due, the outstanding loan balance and the costs thereby incurred, either pursuant to the Illinois State Collection Act of 1986 (Ill. Rev. Stat. 1987, ch. 15, pars. 151 et seq.) or by any other reasonable means as may be provided by law.

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DEPARTMENT OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Services Charges
- 2) Code Citation: 59 Ill. Adm. Code 106
- 3) Section Number:  
106.15  
Proposed Action:  
Amended
- 4) Statutory Authority: Implementing Chapter 5 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-100 et seq.) and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-104) and Section 5 of "AN ACT codifying the powers and duties of the Department of Mental Health and Developmental Disabilities" (Ill. Rev. Stat. 1987, ch. 91½, par. 100-5).
- 5) A Complete Description of the Subjects and Issues Involved:  
A definition for the "Ill-1, Financial Questionnaire" is being added to Section 106.15 as part of an agreement that the Department made with the Joint Committee on Administrative Rules when adopting amendments to Sections 106.65 and 106.85, published on page of this issue of the Illinois Register. In addition all citations to the Illinois Revised Statutes have been updated to reflect the 1987 statutes.
- 6) Will this proposed amendment replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not impact the State Mandates Act (Ill. Rev. Stat. 1987, ch. 85, par. 2201 et seq.).
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Any interested person may submit comments, data, views or argument regarding this proposed rulemaking before the expiration of the first

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45-day notice period. Submissions must be in writing and directed to: Rules Administrator, Department of Mental Health and Developmental Disabilities, 400 Stratton Building, Springfield, IL 62706, telephone (217)785-3313.

- 12) Initial Regulatory Flexibility Analysis: This rulemaking does not impact small businesses.

The full text of the Proposed Amendment begins on the next page:

amended at 8 Ill. Reg. 22555, effective November 7, 1984; amended at 11 Ill. Reg. 17197, effective October 9, 1987; amended at 12 Ill. Reg. 10472, effective June 7, 1988; amended at 12 Ill. Reg. 18158, effective October 31, 1988; amended at 13 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

NOTE: Bold-face type denotes statutory language.

Section 106.15 Definitions

- "Allowable reserve." An amount set by the Department in accordance with 59 Ill. Adm. Code 106.45(g) which is exempt from services charges.
- "Annual income." Adjusted gross income as defined by Section 2-203 of the Illinois Income Tax Act (Ill. Rev. Stat. 1985 1987, ch. 120, par. 2-203).
- "Average per capita cost." Amount calculated for the daily average per capita cost of operation of all Department facilities for the fiscal year immediately preceding the period of State care for which the rate is being calculated (Ill. Rev. Stat. 1985 1987, ch. 91½, par. 5-106).
- "Board of Reimbursement Appeals." Board appointed by the Governor consisting of 3 persons whose duties are to review decisions of the Department under Sections 5-105 through 5-115 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1985 1987, ch. 91½, pars. 5-105 through 5-115).
- "Department." The Department of Mental Health and Developmental Disabilities.
- "Director." The Director of the Department of Mental Health and Developmental Disabilities.
- "Estate of recipient." All income and assets, including real property.
- "Ill-1, Financial Questionnaire." A designation assigned to a set of schedules developed for the purpose of collecting financial data on recipients of services and/or their statutorily responsible relatives.

- Section 106.10 Estates of recipients admitted to state hospitals (repealed)
- 106.15 Definitions
- 106.20 Maximum charges for treatment (repealed)
- 106.25 Charges for services
- 106.30 Liability for treatment charges (repealed)
- 106.35 Liability for services charges
- 106.40 Determination of ability to pay treatment charges (repealed)
- 106.45 Determination of ability to pay services charges
- 106.50 Standards for ability to pay treatment charges (repealed)
- 106.60 Allowances for unusual expenses or circumstances in determining ability to pay treatment charges (repealed)
- 106.65 Allowances for unusual expenses and/or exceptional circumstances in determining ability to pay services charges
- 106.70 Petition for release from or modification of treatment charges (repealed)
- 106.75 Petition for release from or modification of services charges
- 106.80 Computing costs of hospitalization of recipients (repealed)
- 106.85 Computing monthly costs of recipient services charges
- 106.90 Partial payment of cost of maintenance for certain mentally retarded persons in licensed private facilities (repealed)
- 106.100 Partial payment of costs of maintenance for certain mentally ill children in licensed private facilities (repealed)
- 106. TABLE A - Responsible Relative Liability

AUTHORITY: Implementing Chapter 5 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, pars. 5-100 et seq.), and Section 11 of the Mental Health and Developmental Disabilities Confidentiality Act (Ill. Rev. Stat. 1987, ch. 91½, par. 811), and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-104) and Section 5 of "AN ACT codifying the powers and duties of the Department of Mental Health and Developmental Disabilities" (Ill. Rev. Stat. 1987, ch. 91½, par. 100-5).

SOURCE: Filed effective October 1, 1969; codified at 5 Ill. Reg. 10721; amended at 6 Ill. Reg. 879, effective January 15, 1982; emergency amendment at 7 Ill. Reg. 13690, effective October 1, 1983 for a maximum of 150 days;



POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Effluent Standards.

2) Code Citation: 35 Ill. Adm. Code 304

3) Section Numbers: Proposed Action:

304.120

Amendment

4) Statutory Authority: Sections 13 and 27 of the Environmental Protection Act. Ill. Rev. Stat. 1987, ch. 111 $\frac{1}{2}$  pars. 1013 and 27.

5) A Complete Description of the Subjects and Issues Involved:  
In Docket R86-17(B), the Pollution Control Board (Board) is proposing amendments to Section 304.120 which would expand the applicability of the so-called lagoon exemption. The lagoon exemption allows certain wastewater treatment facilities to be subject to the less stringent effluent standards of 30 milligrams per liter (mg/l) for five-day biochemical oxygen demand (BOD<sub>5</sub>) and 37 mg/l for suspended solids if the facility utilizes third-stage treatment lagoons. Without the availability of the lagoon exemption such facilities would be subject to a BOD<sub>5</sub> and SS standards of 10 mg/l and 12 mg/l respectively. Specifically, the Board is proposing amendments which would allow privately owned wastewater treatment facilities to qualify for a lagoon exemption to the same extent as publicly owned treatment works (POTW). In addition, the Board is proposing to expand the lagoon exemption to any wastewater treatment works with an untreated waste load of 5000 population equivalents or less which has reached the end of its useful life and which has received an adjusted standard determination from the Board (pursuant to Section 28.1 of the Environmental Protection Act) that it qualifies for a lagoon exemption. The Board may make such a determination if the wastewater treatment source proves that it is so situated that a land treatment system is not a suitable treatment alternative. A land treatment system is a wastewater treatment system which does not directly discharge treated effluent to waters of the State but instead uses treated effluent to irrigate terrestrial vegetation.

6) Will this proposed rule replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

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DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

NOTICE OF PROPOSED AMENDMENT

"Legal dependents." Those persons dependent upon the recipient for more than one-half of their support and shown as dependent on the recipient's U.S. Individual Income Tax Return.

"Medical costs." Services for the diagnosis and treatment of conditions, other than the recipient's handicapping condition, which are provided by a hospital.

"Notice of determination." Notification sent to an individual when charges have been established for recipient services (Ill. Rev. Stat. 1985 1987, ch. 91 $\frac{1}{2}$ , par. 5-111).

"Recipient of services" or "recipient." A person who has received or is receiving services partially or wholly supported by the Department of Mental Health and Developmental Disabilities (Ill. Rev. Stat. 1985 1987, ch. 91 $\frac{1}{2}$ , par. 1-123).

"Responsible relative." Spouse of a recipient or parent of a recipient under age 18 (Ill. Rev. Stat. 1985 1987, ch. 91 $\frac{1}{2}$ , pars. 1-124 and 5-105).

"Services." Services which are rendered and are partially or wholly supported by the Department of Mental Health and Developmental Disabilities.

(Source: Amended at 13 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

9) Are there any other amendments pending on this Part? Yes.

The Board has proposed amendments in Board Dockets R87-6, R86-3, R87-34, R87-35, R85-11, and R88-1.

Section Numbers	Proposed Action	Illinois Register Citation	
304.123	Amendment	12 Ill. Reg. 7476	4/29/88
304.219	New Section	12 Ill. Reg. 7960	5/6/88
304.217	New Section	12 Ill. Reg. 8531	5/20/88
304.218	New Section	12 Ill. Reg. 8822	5/27/88
304.220	New Section	12 Ill. Reg. 11397	7/8/88
304.302	New Section	12 Ill. Reg. 11669	7/15/88
304.301	New Section	12 Ill. Reg. 14509	9/16/88
304.104	Amendment	12 Ill. Reg. 15815	10/7/88
304.124	Amendment	12 Ill. Reg. 15815	10/7/88
304.140	Repeal	12 Ill. Reg. 15815	10/7/88

10) Statement of Statewide Policy Objectives:

The proposed amendments would not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures for local revenues.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R86-17(B) and be addressed to:

Ms. Dorothy M. Gunn, Clerk  
 Illinois Pollution control Board  
 State of Illinois Center, Suite 11-500  
 100 W. Randolph St.  
 Chicago, IL 60601

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs: October 24, 1988.

B) Types of small businesses affected:

Any small business which owns or operates a wastewater treatment facility with an untreated waste load of 5000 population equivalents or less may be affected.

C) Reporting, bookkeeping or other procedures required for compliance:

The proposed amendments impose no reporting or bookkeeping requirements.

D) Types of professional skills necessary for compliance:

The proposed amendments to Section 304.120 do not require any additional professional skills for compliance.

The full text of the Proposed Amendment begins on the next page:



## POLLUTION CONTROL BOARD

## NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION  
SUBTITLE C: WATER POLLUTION  
CHAPTER I: POLLUTION CONTROL BOARD

## PART 304

## EFFLUENT STANDARDS

## SUBPART A: GENERAL EFFLUENT STANDARDS

Section  
304.101  
304.102  
304.103  
304.104  
304.105  
304.106  
304.120  
304.121  
304.122  
304.123  
304.124  
304.125  
304.126  
304.140  
304.141  
304.142

Preamble  
Dilution  
Background Concentrations  
Averaging  
Violation of Water Quality Standards  
Offensive Discharges  
Deoxygenating Wastes  
Bacteria  
Nitrogen (STORET number 00610)  
Phosphorus (STORET number 00665)  
Additional Contaminants  
pH  
Mercury  
Delays in Upgrading  
NPDES Effluent Standards  
New Source Performance Standards (Repealed)

SUBPART B: SITE SPECIFIC RULES AND EXCEPTIONS  
NOT OF GENERAL APPLICABILITY

Section  
304.201  
304.202  
304.203  
304.204  
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304.209  
304.210  
304.212  
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304.214  
304.215  
304.216

Wastewater Treatment Plant Discharges of The  
Metropolitan Sanitary District of Greater Chicago  
Chlor-alkali Mercury Discharges in St. Clair County  
Copper Discharges by Olin Corporation  
Schoenberger Creek: Groundwater Discharges  
John Deere Foundry Discharges  
Alton Water Company Treatment Plant Discharges  
Galesburg Sanitary District Deoxygenating Wastes  
Discharges  
City of Lockport Treatment Plant Discharges  
Wood River Station Total Suspended Solids  
Discharges  
Alton Wastewater Treatment Plant Discharges  
Sanitary District of Decatur Discharges  
Union Oil Refinery Ammonia Discharge  
Mobil Oil Refiner Ammonia Discharge  
City of Tuscola Wastewater Treatment Facility  
Discharges  
Newton Station Suspended Solids Discharges

## POLLUTION CONTROL BOARD

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART C: TEMPORARY EFFLUENT STANDARDS

Section  
304.301  
Exception for Ammonia Nitrogen Water Quality  
Violations

## Appendix A References to Previous Rules

AUTHORITY: Implementing Section 13 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1987, ch. 111-1/2, pars 1013 and 1027)

SOURCE: Filed with the Secretary of State January 1, 1978; amended at 2 Ill. Reg. 30, p. 343, effective July 27, 1978; amended at 2 Ill. Reg. 44, p. 151, effective November 2, 1978; amended at 3 Ill. Reg. 20 p. 95, effective May 17, 1979; amended at 3 Ill. Reg. 25 p. 190, effective June 21, 1979; amended at 4 Ill. Reg. 20, p. 53, effective May 7, 1980; amended at 6 Ill. Reg. 563, effective December 24, 1981; codified at 6 Ill. Reg. 7818, amended at 6 Ill. Reg. 11161, effective September 7, 1982; amended at 6 Ill. Reg. 13750 effective October 26, 1982; amended at 7 Ill. Reg. 3020, effective March 4, 1983; amended at 7 Ill. Reg. 8111, effective June 23, 1983; amended at 7 Ill. Reg. 14515, effective October 14, 1983; amended at 7 Ill. Reg. 14910, effective November 14, 1983; amended at 8 Ill. Reg. 1600, effective January 18, 1984; amended at 8 Ill. Reg. 3687, effective March 14, 1984; amended at 8 Ill. Reg. 8237, effective June 8, 1984; amended at 9 Ill. Reg. 1379, effective January 21, 1985; amended at 9 Ill. Reg. 4510, effective March 22, 1985; preemptory amendment at 10 Ill. Reg. 456, effective December 23, 1985; amended at 11 Ill. Reg. 3117, effective January 28, 1987; amended in R84-13 at 11 Ill. Reg. 7291, effective April 3, 1987; amended in R86-17(A) at 11 Ill. Reg. 14748, effective August 24, 1987; amended in R84-16 at 12 Ill. Reg. 2445, effective January 15, 1988; amended in R83-23 at 12 Ill. Reg. 8658, effective May 10, 1988; amended in R82-7 at 12 Ill. Reg. 10712, effective June 9, 1988; amended in R85-29 at 12 Ill. Reg. 12064, effective July 12, 1988; amended in R87-22 at 12 Ill. Reg. 13966, effective August 23, 1988, amended in R86-17(B) at 11 Ill. Reg. effective

## SUBPART A: GENERAL EFFLUENT STANDARDS

Section 304.120 Deoxygenating Wastes

Except as provided in Section 306.103, all effluents containing deoxygenating wastes shall meet the following standards:

- a) No effluent shall exceed 30 mg/l of five day biochemical oxygen demand (BOD<sub>5</sub>) (STORET number 00310) or 30 mg/l of suspended solids (STORET number 00530), except that

## POLLUTION CONTROL BOARD

## NOTICE OF PROPOSED AMENDMENTS

treatment works employing three stage lagoon treatment systems which are properly designed, maintained and operated, and whose effluent has a dilution ratio no less than five to one or who qualify for exceptions under paragraph (c) shall not exceed 37 mg/l of suspended solids.

b) No effluent from any source whose untreated waste load is 10,000 population equivalents or more, or from any source discharging into the Chicago River System or into the Calumet River System, shall exceed 20 mg/l of BOD<sub>5</sub> or 25 mg/l of suspended solids.

c) No effluent whose dilution ratio is less than five to one shall exceed 10 mg/l of BOD<sub>5</sub> or 12 mg/l of suspended solids, except that sources employing third-stage treatment lagoons shall be exempt from this paragraph (c) provided all of the following conditions are met:

1) The waste source qualifies under one of the following categories:

A) Any wastewater treatment works with an untreated waste load less than 2500 population equivalents, which is sufficiently isolated that combining with other sources to aggregate 2500 population equivalents or more is not practicable.

B) Any wastewater publicly owned treatment works in existence and employing third-stage treatment lagoons on January 1, 1986 whose untreated waste load is 5000 population equivalents or less and sufficiently isolated that combining to aggregate 5000 population equivalents or more is not practicable.

C) Any wastewater publicly owned treatment works with an untreated waste load of 5000 population equivalents or less, which has reached the end of its useful life by January 1, 1987, and is sufficiently isolated that combining to aggregate 5000 population equivalents or more is not practicable.

D) Any wastewater treatment works with an untreated waste load of 5000 population equivalents or less which has reached the end of its useful life and which has received an

## POLLUTION CONTROL BOARD

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adjusted standard determination from the Board that it qualifies for a lagoon exemption. Such a Board determination will only be made in an adjusted standard proceeding, held in accordance with Section 28.1 of the Environmental Protection Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 1001, et seq.) and 35 Ill. Adm. Code 106.

i) In an adjusted standard proceeding the Board may determine that the petitioning wastewater treatment source qualifies for a lagoon exemption if the wastewater treatment works proves that it is so situated that a land treatment system is not a suitable treatment alternative. Factors relevant to a suitability finding may include the following: cost; influent character; geographic characteristics; climate; soil conditions; hydrologic conditions; and the availability of irrigable land.

ii) For the purposes of this subdivision (D), a land treatment system is a wastewater treatment system which does not directly discharge treated effluent to waters of the State but instead uses the treated effluent to irrigate terrestrial vegetation.

2) The lagoons are properly constructed, maintained and operated; and

3) The deoxygenating constituents of the effluent do not, alone or in combination with other sources, cause a violation of the applicable dissolved oxygen water quality standard.

d) No effluent discharged to the Lake Michigan basin shall exceed 4 mg/l of BOD<sub>5</sub> or 5 mg/l of suspended solids.

e) Compliance with the numerical standards in this Section shall be determined on the basis of the type and frequency of sampling prescribed by the NPDES permit for the discharge at the time of monitoring.

f) For the purposes of this Section, useful life is the period of time during which it is cost effective to



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operate and maintain a particular wastewater treatment works under consideration. At a minimum, the following factors relating to a wastewater treatment works shall be considered in a determination of its useful life:

- 1) Structural and operational condition of components;
- 2) Past operations and maintenance record;
- 3) Cost for continued use; and
- 4) Description and costs for treatment alternatives.

(Source: Amended at Ill. Reg. )  
effective

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Veterinary Medicine and Surgery Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1500
- 3) Section Numbers: Proposed Action:  
1500.10 Amending  
1500.11 Amending
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 111, par. 7008
- 5) A Complete Description of the Subjects and Issues Involved:  
These amendments change the examination application requirements, require the applicant to submit an English translation for documents which are submitted in a foreign language, and will allow applicants to sit for the examination prior to graduation. These rules were originally amended under Part 500 at 11 Ill. Reg. 20966, effective December 9, 1987, however, when the Department recodified (January 1, 1988) due to the name change, these rules were inadvertently omitted.
- 6) Will this proposed Rule replace an emergency Rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed Rule contain incorporations by reference? No
- 9) Are there any other proposed Amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no impact on local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested Persons may submit written comments and views to:

Department of Professional Regulation  
Attention: Jean A. Courtney  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0800

All comments received within 30 days of this issue of the Illinois Register will be considered. The comments of interested persons who submit a request to comment within 14 days of this issue will be considered if received within 30 days of such request.

- 12) Initial Regulatory Flexibility Analysis:
- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: November 5, 1988

B) Types of small businesses affected: Licensed Veterinarians

C) Reporting, bookkeeping or other procedures required for compliance: None

D) Types of professional skills necessary for compliance: Licensed Veterinarians
- The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1500

VETERINARY MEDICINE AND SURGERY PRACTICE ACT

Section	
1500.5	Approved Veterinary Medicine and Surgery Programs
1500.10	Application for Examination by Graduates of Approved Programs
1500.11	Application by Graduates of Unapproved Programs
1500.15	Temporary Permit
1500.20	Examination
1500.25	Continuing Education
1500.30	Endorsement
1500.35	Reinstatement/Restoration
1500.45	Renewals
1500.50	Standards of Professional Conduct
1500.55	Advertising
1500.60	Conduct of Hearings
1500.65	Annual Report of Board
1500.70	Granting Variances

AUTHORITY: Implementing Section 6 of The Veterinary Medicine and Surgery Practice Act of 1983 (Ill.Rev.Stat.1987, ch. 111, par. 7001 et seq.) and authorized by Section 60(7) of The Civil Administrative Code of Illinois (111. Rev.Stat.1987, ch. 127, par. 60(7)).

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Veterinary Medicine and Surgery Practice Act, effective January 1, 1984; amended at 2 Ill. Reg. 23, p. 13, effective June 10, 1978; codified at 5 Ill. Reg. 11070; amended at 6 Ill. Reg. 2004, effective January 30, 1983; Part Repealed, New Part Adopted at 9 Ill. Reg. 16327, effective October 10, 1985; transferred from Chapter I, 68 Ill. Adm. Code 500 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1500 (Department of Professional Regulation) pursuant to P.A. 85-225 effective January 1, 1988, at 12 Ill. Reg. 2982, amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 1500.10 Application for Examination by Graduates of Approved Programs

a) An applicant for examination for licensure to practice veterinary medicine and surgery who is a graduate of an approved program of veterinary medicine and surgery which meets the requirements set



DEPARTMENT OF PROFESSIONAL REGULATION  
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forth in Section 1500.5 shall file an application with the Department or its designated testing service on forms supplied by the Department or its designated testing service at least 60 days prior to an examination date. The application shall include:

- a) ~~1 recent photograph not larger than 2-1/2 by 2-1/2; and~~
- b) ~~Either:~~
  - 1) ~~A complete work history indicating all employment since graduation from an approved veterinary program to the time of application;~~
  - 2) ~~Certification of successful completion of at least 2 years of pre-veterinary collegiate training, and graduation from a 4 year curriculum in an approved program of veterinary medicine and surgery program (Certificate of Pre-veterinary and Veterinary Education); or and~~
  - 2) ~~In the case of applicants applying within 90 days of the date of graduation, an affidavit from the dean of an approved veterinary program that the applicant will successfully complete the curriculum; however, no license will be issued until the Department receives the certification provided in subsection (b)(1), above; and~~
  - c) ~~The required fee specified in Section 14 of the Veterinary Medicine and Surgery Practice Act (Ill.Rev.Stat.1984 1987, Supp., ch. 111, par. 7001 et seq.).~~

## b) Examination prior to graduation

- 1) ~~An applicant enrolled in an approved veterinary program will be admitted to the May or December examination prior to graduation if he provides certification from the college of veterinary medicine that he is expected to graduate. If certification of graduation is not received within 90 days after the scheduled graduation date, the results of the examination(s) will be void.~~
- 2) ~~The results of such examination(s) shall be made available to the applicant but no license shall be issued until the Department has received certification of the applicant's graduation, within 90 days of the scheduled graduation date specified in subsection (1) above.~~
- 3) ~~In the case of failure of the examination, the applicant must~~

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submit his certificate of graduation to the Department or its designated testing service prior to taking the next examination.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1500.11 Application by Graduates of Unapproved Programs

- a) An applicant for licensure who is a graduate of an unapproved program of veterinary medicine and surgery in a foreign country must hold a certificate from the American Veterinary Medical Association Educational Commission of Foreign Veterinary Graduates (ECFVG). Application shall be filed on forms supplied by the Department and shall be accompanied by the following:

- 1 a) An original certificate from the ECFVG, showing:
  - 1) ~~Graduation from an AVMA-listed college, known to be recognized by the government of the country in which it is located;~~
  - 2) ~~English proficiency as evidenced by passage of the Test of English as a Foreign Language (TOEFL) the Test of Spoken English (TSE);~~
  - 3) ~~Achievement of a passing score on the National Board Examination (NBE) and the Clinical Competency Test (CCT) at ECFVG Standards for Certification;~~
  - 4) ~~Completion of one full year of evaluated clinical experience in an ECFVG Clinic; and~~
- 2 b) The required fee specified in Section 14 of the Act.
- 3) Applicants who submit any document in a foreign language shall submit an original, notarized English translation.
- b) Scores obtained by ECFVG candidates taking the NBE and the CCT will be registered with the Interstate Reporting Service in New York. At such time as a foreign graduate obtains the ECFVG certificate and applies for licensure in Illinois the scores will be converted to the Illinois passing standard which is a total converted score of 75 based on 1.5 standard deviations below the mean. If the applicant does not achieve a passing converted score at the Illinois standard he will be required to take and pass, at the Illinois standard, the examination(s) on which a passing score was not achieved.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Licensing
- 2) Code Citation: 11 Ill. Adm. Code 502
- 3) Section Numbers: Proposed Action:  
502.40 Amendment
- 4) Statutory Authority: 11l. Rev. Stat. 1985, ch.8,  
pars. 9(b), 15
- 5) A Complete Description of the Subjects and Issues  
Involved: This rule provides that owners may receive  
licenses of 30 days duration to allow entry of their  
horses pending perfection of annual license application.
- 6) Will this proposed rule replace an emergency rule  
currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date?  
Yes X No  
If "yes," please specify the date:
- 8) Does this proposed rule (amendment, repealer) contain  
incorporations by reference? No.
- 9) Are there any other proposed amendments pending this  
Part? No.

10) Statement of Statewide Policy Objectives: Not  
applicable, no local governmental units will be required  
to increase expenditures as a result of this rulemaking.

11) Time, Place, and Manner in which interested persons may  
comment on this proposed rulemaking: Any interested  
person may submit written comments concerning this  
rulemaking. All comments must be submitted in writing  
and should be addressed to:

Michael B. McClure  
Board Counsel  
State of Illinois Center  
Illinois Racing Board  
Suite 11-100  
Chicago, Illinois 60601  
(312) 917-2600

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NOTICE OF PROPOSED AMENDMENTS

The Illinois Racing Board will consider all written  
comment it receives within 30 days of the date of  
publication of this notice.

- 12) Initial Regulatory Flexibility Analysis:
  - A) Date rule was submitted to the Business Assistance  
Office of the Department of Commerce and Community  
Affairs: October 20, 1988
  - B) Types of small businesses affected: No small  
businesses are affected.
  - C) Reporting, bookkeeping or other procedures required  
for compliance: Not applicable.
  - D) Types of professional skills necessary for  
compliance: Not applicable.

The full text of the Proposed Amendments begins on the next  
page:



## ILLINOIS REGISTER

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY

## SUBTITLE B: HORSE RACING

## CHAPTER I: ILLINOIS RACING BOARD

## SUBCHAPTER C: RULES APPLICABLE TO ALL OCCUPATION LICENSEES

PART 502  
LICENSING

## SUBPART A: PROCEDURE

## Section

502.10 Submission of Application  
502.20 Complete Application  
502.30 License Fees  
502.40 Duration and Extent of Occupation Licenses  
502.50 Rulings and Hearings  
502.55 Denial of License  
502.58 License to Participate

## SUBPART B:

## STATUTORY GROUNDS FOR DENIAL OF A LICENSE

## Section

502.60 Denial of a License for Criminal Conviction  
502.72 First-Time Applicant Who Has Been Convicted of a Crime  
502.76 Prohibitions Against Persons on Probation  
502.78 Probationary Nature of Licenses  
502.80 Unqualified to Perform the Duties  
502.90 Falsifying Answers or Omitting Facts  
502.100 Just Cause  
502.102 Burden of Going Forward  
502.104 Denial of a License for Just Cause in Illinois or in Another Racing Jurisdiction

## SUBPART C:

## GENERAL CRITERIA

## Section

502.110 Criteria for Determining Eligibility  
502.115 Standards Required of All Applicants

## SUBPART D:

## OWNERS

## Section

502.120 Owners

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## ILLINOIS RACING BOARD

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## SUBPART E: TRAINERS AND ASSISTANT TRAINERS

## Section

502.200 Trainers and Assistant Trainers  
502.210 Prospective Trainers or Assistant Trainers  
502.220 Workers' Compensation

## SUBPART F: JOCKEYS AND APPRENTICE JOCKEYS

## Section

502.230 Jockeys and Apprentice Jockeys  
502.235 Apprentice Jockeys, Criteria for Eligibility  
502.238 Apprentice Contract or Certificate

## SUBPART G:

## DRIVERS

## Section

502.250 Harness Driver  
502.260 Prospective Harness Drivers  
502.270 "Q" Licenses  
502.280 "P" Licenses  
502.290 "A" Licenses

## SUBPART H:

## OTHER LICENSEES

## Section

502.300 Veterinarians  
502.320 Veterinary Assistant  
502.350 Farriers (Blacksmiths)  
502.380 Exercise Riders  
502.400 Pony Person  
502.450 Stable Foreman  
502.500 Jockey Agents  
502.600 Authorized Agents  
502.650 Tack Shop Operators and Other Vendors  
502.660 Vendor Helper  
502.680 Thoroughbred Grooms  
502.690 Harness Grooms  
502.700 Hotwalker  
502.790 Totalizator Employee

## SUBPART I:

## CONFLICTS OF INTEREST

## Section

502.800 General Provisions  
502.820 Dual Licensing

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENTS

502.830 Limitations on License  
502.840 Husbands and Wives  
502.850 Transfer of a Horse

**AUTHORITY:** Implementing Section 15 and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 (Ill. Rev. Stat. 1985 ch. 8, pars. 37-15 and 37-9(b)).

**SOURCE:** Emergency rule adopted and codified at 6 Ill. Reg. 9711, effective July 27, 1982, for a maximum of 150 days; adopted and codified at 6 Ill. Reg. 13786, effective October 25, 1982; amended at 7 Ill. Reg. 5225, effective April 1, 1983; amended at 11 Ill. Reg. 20611, effective January 1, 1988; amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**NOTE:** Capitalization Denotes Statutory Language.

## Section 502.40 Duration and Extent of Occupation Licenses

- a) Each occupation license shall expire December 31 of each year. Owners may be granted a temporary license which will be valid for 30 days from the date of issuance, and shall be valid to enter the horses named on the application for a period of 12 days from the date of issuance.
- b) An occupation license issued at one race meeting during the calendar year shall be valid at any other race meeting regulated by the Board that year provided that the holder:
  - 1) is not found to be in violation of the Act or of the rules of the Board;
  - 2) is not convicted of a crime as defined in 502.60;
  - 3) has not had his license or permit suspended or revoked in any other racing jurisdiction; and
  - 4) is qualified to perform the duties required of such applicant, according to Sections 502.120 through 520.790.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

1) The Heading of the Part: General Provisions

2) Code Citation: 23 Ill. Adm. Code 1700

3) Section Numbers: 1700.20  
Proposed Action: Amendment

4) Statutory Authority: Implementing Public Law 100-297 and authorized by Section 30-15.4(f) the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, par. 30-15.4(f)).

5) A Complete Description of the Subjects and Issues Involved: The proposed amendments to Part 1700 substitute the title "Robert T. Stafford Loan Program" for the "Illinois Guaranteed Loan Program." The program's new name is mandated by Public Law 100-297.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: Not applicable

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Mr. Larry E. Matejka  
Executive Director  
Illinois State Scholarship Commission  
106 Wilnot Road  
Deerfield, Illinois 60015

12) Initial Regulatory Flexibility Analysis: This rulemaking does not affect small businesses.

The full text of the Proposed Amendment begins on the next page:



## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES  
SUBTITLE A: EDUCATION  
CHAPTER IX: STATE SCHOLARSHIP COMMISSIONPART 1700  
GENERAL PROVISIONS

Section	
1700.10	Summary and Purpose
1700.20	Definitions
1700.30	General Institutional Eligibility Requirements
1700.40	General Applicant Eligibility Requirements
1700.50	Determining Applicant Eligibility
1700.55	Electronic Data Exchanges
1700.60	Audits and Investigations
1700.70	Appeals Procedures

**AUTHORITY:** Implementing the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, par. 30-15 et seq.), the Education Loan Purchase Program Law (Ill. Rev. Stat. 1987, ch. 122, par. 30-15.14a et seq.), Title IV of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1070 et seq.); and authorized by Section 30-15.4(f) of the Higher Education Student Assistance Law.

**SOURCE:** Adopted at 9 Ill. Reg. 20783, effective January 1, 1986; amended at 11 Ill. Reg. 3167, effective January 29, 1987; amended at 11 Ill. Reg. 14099, effective August 10, 1987; amended at 12 Ill. Reg. 11510, effective July 1, 1988; amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1700.20 Definitions

"Academic Level" - The classification of a student as freshman, sophomore, junior, senior, or graduate student.

"Academic Year" - A twelve month period of time, normally from August or September of any year through August or September of the ensuing year.

"Applicant" - Any individual who requests ISSC consideration for a scholarship, grant, tuition waiver, or guaranteed loan.

"Citizen" - One who, under the Constitution and laws of the United States, is a native-born or naturalized citizen of the United States of America.

"Commission" - The nine member State Scholarship Commission created by the Higher Education Student Assistance Law (Ill. Rev. Stat. 1985, ch. 122, par. 30-15.3).

"Concurrent Registration" - The contemporaneous maintenance of enrollment at two or more institutions.

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"ED" - The acronym for the United States Department of Education.

"Eligible Non-citizen" - For the purposes of these Rules, eligible non-citizen is defined as non-citizens eligible for federal student assistance pursuant to Section 484 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1091) (1986) This definition does not include any later amendments or editions.

"Enrolled" - The status of a student who has completed the institution's registration requirements and is attending classes.

"Executive Director" - The chief executive officer of the ISSC.

"Full-time Student" - An individual enrolled for twelve or more credit hours, for either a semester or quarter term.

"Gift Assistance" - Student assistance funds in the form of a scholarship, grant or tuition waiver.

"Good Moral Character" - An applicant is of good moral character if the applicant will benefit from postsecondary instruction and is allowed to enroll at an approved postsecondary institution.

"Guaranteed Loans" - Student assistance through the Illinois Robert T. Stafford ~~Guaranteed~~ Loan Program (fGLP), the PLUS Program, or the Supplemental Loans for Students (SLS) Program, or the Consolidation Loan Program.

"Half-time Student" - An individual enrolled for six or more credit hours (but less than twelve credit hours) for either a semester or quarter term.

"Independent Student" - For the purposes of these Rules, independent student is defined by Section 480 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1087vv) (1986) This definition does not include any later amendments or editions.

"Institution" - Unless otherwise qualified, any secondary or post-secondary educational organization which enrolls students who participate in ISSC programs.

"ISSC" - The acronym for the Illinois State Scholarship Commission: the administrative agency created by the Higher Education Student Assistance Law to administer the State's student assistance programs. (Ill. Rev. Stat. 1985, ch. 122, par. 30-15 et seq.)

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Mandatory Fees" - The charges assessed by an institution to each and every student for each term. Application, graduation, laboratory, breakage and add/drop fees are specifically excluded. For the purposes of these Rules, Tuition is not a mandatory fee.

"Parent" - For the purpose of these Rules, "Parent" is defined at 34 CFR 668 (1986). This definition does not include any later amendments or editions.

"Pell Grant" - A gift assistance program administered by ED in accordance with Section 411 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1070a et seq.)

"Regular School Year" - An eight to nine month period of time which includes two semester terms or three quarter terms. The regular school year excludes summer terms and special terms. Programs that begin after April 15 and before August 16 are considered summer terms.

"Regulations" - Refers to regulations promulgated by ED and codified at 34 CFR 668 et seq. ~~(1986)~~

"Resident of Illinois" - 1) A non-independent student with at least one Parent who resides in Illinois, or; 2) an Independent Student who resides in Illinois (at the time of application), and has so resided for a period of twelve continuous months immediately prior to September 1 of the Academic Year for which assistance is requested.

"Rules" - The rules of the ISSC codified at 23 Ill. Adm. Code: Subtitle A, Chapter IX.

"Satisfactory Academic Progress" - An institutional policy which establishes minimum standards of academic performance. For purposes of ISSC-administered programs, the standards must be at least as stringent as those required by ED pursuant to Section 484 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1091)

"Term" - A unit of time for student attendance, including, but not limited to, a quarter or semester.

"Tuition" - The charge for instruction assessed by a postsecondary institution.

"Verification" - Procedures implemented by postsecondary institutions to verify the eligibility of applicants. The procedures are established by 34 CFR 668 et seq. (1986) and by these Rules. This definition does not include any later amendments or editions.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

1) The Heading of the Part: Guaranteed Loan Programs

2) Code Citation: 23 Ill. Adm. Code 1720

<u>Section Numbers:</u>	<u>1720.6</u>	<u>Proposed Action:</u>
	1720.10	Amendment
	1720.20	Amendment
	1720.30	Amendment
	1720.40	Amendment
	1720.50	Amendment
	1720.60	Amendment
	1720.70	Amendment
	1720.75	Repealed
	1720.120	Amendment

4) Statutory Authority: Implementing Sections 30-15.10 et seq. of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, pars. 30-15.10 et seq.), the Education Loan Purchase Program Law (Ill. Rev. Stat. 1987, ch. 122, pars. 30-15.14a et seq.), Title IV, Part B, of the Higher Education Act of 1965, as amended by P.L. 100-297 and 100-369 (20 U.S.C.A. 1071 et seq.); and authorized by Section 30-15.4(f) of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, par. 30-15.4(f)).

5) A Complete Description of the Subjects and Issues Involved: The proposed amendments add references to Stafford Loans as required by P.L. 100-297 and 100-369. Other changes add requested clarifications and update statutory and regulatory citations.

The proposed amendments to Section 1720.10(a), Section 1720.40(a) and 1720.50(k) permit lenders to utilize non-ISSC forms in conjunction with ISSC guaranteed loans provided the forms have been approved by ED and ISSC. This change will increase the administrative efficiency of those lenders who participate with more than one guarantor in the guaranteed loan programs.

The proposed amendments to Section 1720.30 will eliminate the separate ISSC Program Participation Agreement (PPA) for schools that participate in only the guaranteed loan programs. Participating educational institutions will continue to be required to have a PPA with ED. As the federal PPA requires educational institutions to "comply with all relevant program statutes and regulations," and because ISSC's administrative rules constitute relevant program regulations, ISSC's PPA is unnecessary.



## STATE SCHOLARSHIP COMMISSION

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The proposed amendment to Section 1720.40(f)(3) represents a relaxation of ISSC's one lender/one holder requirement. ISSC believes this adjustment is appropriate as a result of changes in the Illinois banking industry and the development of the consolidation loan program.

ISSC proposes the deletion of Sections 1720.50(e)(2) and (3) because they are redundant with federal regulations. Similarly, ISSC proposes the repeal of Section 1720.75 because ED has recently pre-empted these procedures.

The proposed amendment to Section 1720.70(a) decreases from 30 to 15 the number of days of accumulated interest that is added to the lender's default reimbursement. Since the 30 day figure was adopted in 1966, ISSC and the Office of the State Comptroller has computerized its vouchering systems which has resulted in lenders receiving their default reimbursements in less than two weeks.

- 6) Will this proposed amendment replace an emergency rule currently in effect?  
No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part?

10) Statement of Statewide Policy Objectives: Not applicable

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Mr. Larry E. Matejka  
Executive Director  
Illinois State Scholarship Commission  
106 Wilmet Road  
Deerfield, Illinois 60015

12) Initial Regulatory Flexibility Analysis: Proprietary institutions which participate in the guaranteed loan programs may be small businesses. The proposed amendments do not increase the reporting and bookkeeping procedures presently required of the proprietary institutions. The proposed amendment's only effect on proprietary institutions is to eliminate the requirement to execute a Program Participation Agreement with ISSC. The Business Assistance Office of the Department of Commerce and Community Affairs was advised of the proposed amendments in a letter dated October 31, 1988.

The full text of the Proposed Amendment begins on the following page:

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER IX: STATE SCHOLARSHIP COMMISSION

## PART 1720

## GUARANTEED LOAN PROGRAMS

SUBPART A: THE ILLINOIS-GUARANTEED ROBERT T. STAFFORD LOAN PROGRAM (IGLP), PLUS PROGRAM, AND SUPPLEMENTAL LOANS FOR STUDENTS (SLS) PROGRAM AND CONSOLIDATION LOAN PROGRAM

Section	Summary and Purpose
1720.5	Definitions
1720.6	Eligibility for ISSC Loan Guarantees
1720.10	Lender Eligibility
1720.20	Institutional Eligibility
1720.30	Procedures for Obtaining a Guaranteed Loan
1720.40	Procedures for Disbursement and Repayment
1720.50	Consolidation Loan/unLoan Program
1720.55	Preclaim Assistance
1720.60	Reimbursement Procedures
1720.70	Cure Procedures (Repealed)
1720.75	Student Insurance Premium
1720.80	

SUBPART B: ILLINOIS DESIGNATED ACCOUNT PURCHASE PROGRAM (IDAPP)

Section	Summary and Purpose
1720.105	IDAPP Eligible Loans
1720.120	IDAPP Eligible Lenders
1720.130	IDAPP Purchase Formula (Repealed)
1720.140	

SUBPART C: ISSC ORIGINATED LOANS

Section	Summary and Purpose
1720.200	ISSC Originated Consolidation Loans

APPENDIX A Required Activities of Educational Lenders  
APPENDIX B Alternate IDAPP Purchase Formula (Repealed)

AUTHORITY: Implementing Sections 30-15.10 et seq. of the Higher Education Student Assistance Law (111. Rev. Stat. 1987, ch. 122, pars. 30-15.10 et seq.), the Education Loan Purchase Program Law (111. Rev. Stat. 1987, ch. 122, pars. 30-15.14a et seq. as amended by P.A. 85-1398, effective July 1, 1988), Title IV, Part B, of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1071 et seq.); and authorized by Section 30-15.4(f) of the Higher Education Student Assistance Law (111. Rev. Stat. 1987, ch. 122, par. 30-15.4(f)).

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"Holder" - An organization authorized by ED and the ISSC to purchase Guaranteed Loans. These organizations operate as secondary markets and purchase ISSC Guaranteed Loans from approved lenders. The ISSC's Illinois Designated Account Purchase Program (IDAPP) and the Student Loan Marketing Association (SLMA) are approved Holders.

"IDAPP" - The acronym for the ISSC's Illinois Designated Account Purchase Program as authorized by the Education Loan Purchase Program Law. (111. Rev. Stat. 1985, ch. 122, par. 30-15.14a et seq.)

~~"IGLP" - The acronym for Illinois Guaranteed Loan Program as authorized by the Higher Education Act of 1965, as amended, (20 U.S.C. 1071 et seq. 1985) and the Higher Education Student Assistance Law. (111. Rev. Stat. 1985, ch. 122, par. 30-15.10 et seq.)~~

"Lender" - Defined by Section 435 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1085)

"PLUS" - A Program which provides loans to Parents of certain students, as authorized by Section 428B of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1078-2) and the Higher Education Student Assistance Law. (111 Rev. Stat. 1985, ch. 122, par. 30-15.10 et seq.)

"SLS" - The acronym for Supplemental Loans for Students Program, as authorized by Section 428A of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1078-1) and the Higher Education Student Assistance Law. (111. Rev. Stat. 1985, ch. 122, par. 30-15.10 et seq.)

(Source: Amended at 12 Ill Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 1720.10 Eligibility for ISSC Loan Guarantees

- a) Applicants ~~shall~~ may apply for ~~an IGLP loan guarantee~~ a Stafford Loan by submitting either an ISSC approved application form or by submitting one of the applications specified at 23 Ill. Adm. Code 1735.30. When applying for a PLUS or SLS loan guarantee, the Applicant shall utilize the PLUS or SLS application form. Applications are available from Lenders, Institutions, or the ISSC.
- b) The student and borrower(s) must be Citizens or Eligible Non-citizens.
- c) The student must be Enrolled, or accepted for enrollment, at an approved postsecondary Institution on at least a half-time basis. If the student is attending an approved foreign Institution, the student and borrower(s) must be Citizens of the United States.

SOURCE: Adopted at 3 Ill. Reg. 4, p.38, effective January 26, 1979; amended at 5 Ill. Reg. 8698, effective August 17, 1981; emergency rule and emergency repealer at 6 Ill. Reg. 7558, 7573, effective June 9, 1982 for a maximum of 150 days; new rules adopted at 6 Ill. Reg. 13799, effective October 25, 1982; old rules repealed at 6 Ill. Reg. 15254, effective December 3, 1982; emergency amendment at 7 Ill. Reg. 9942, effective August 8, 1983, for a maximum of 150 days; codified at 7 Ill. Reg. 13309; amended at 8 Ill. Reg. 876, effective January 9, 1984; amended at 8 Ill. Reg. 7286, effective May 18, 1984; amended at 8 Ill. Reg. 17006, effective September 5, 1984; amended at 9 Ill. Reg. 20796, effective January 1, 1986; amended at 11 Ill. Reg. 3181, effective January 29, 1987; emergency amendment at 11 Ill. Reg. 13669, effective August 5, 1987 for a maximum of 150 days; amended at 11 Ill. Reg. 14103, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 18370, effective October 23, 1987; amended at 11 Ill. Reg. 20999, effective January 1, 1988; amended at 12 Ill. Reg. 6971, effective April 1, 1988; amended at 12 Ill. Reg. 11520, effective July 1, 1988; emergency amendment at 12 Ill. Reg. 15021, effective September 15, 1988 for a maximum of 150 days; amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: THE ILLINOIS GUARANTEED ROBERT T. STAFFORD LOAN PROGRAM  
(IGLP), PLUS PROGRAM, AND SUPPLEMENTAL LOANS FOR STUDENTS (SLS) PROGRAM  
AND CONSOLIDATION LOAN PROGRAM

Section 1720.6 Definitions

"Academic Year" - For the purposes of the this Part, is defined at 34 CFR 668.2. ~~an eight to nine month period of time during which a student could complete the equivalent of two semesters or three quarters of enrollment.~~

"Default Status" - The failure of a borrower to make an installment payment when due or to meet terms of the Note, provided this failure persists for 180 days under circumstances where the ISSC finds it reasonable to conclude the borrower no longer intends to honor the repayment obligation. Such circumstances include, but are not limited to, a refusal to make payment by the borrower.

"Delinquency Status" - The failure of a borrower to make an installment payment when due, provided this failure persists for 30 days.

"Disbursement" - The process of transferring funds from the lender to the borrower. Educational Institutions participate in the Disbursement process.

"Federal Regulations" - Regulations promulgated by ED and codified at 34 CFR 668 and 682 (1986). See: 51 Fed. Reg. 40886 (1986).



## STATE SCHOLARSHIP COMMISSION

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d) An Applicant shall not be disqualified by ISSC provided the Lender, the Institution, the student, and the borrower meet the eligibility requirements of Title IV, Part B, of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1071 et seq.), Federal Regulations and of this Part.

e) No loan guarantee shall be issued to any student if such loan would exceed the annual or aggregate amount permitted such borrower for the Academic Year, as specified by Section 428 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1078)

f) The Institution shall compute a recommended loan amount for each Applicant. No Guaranteed Loan may exceed the Institution's recommended amount.

1) ~~In calculating the~~ When certifying loan eligibility ~~amount for an~~ Academic Year which will span Academic Levels, the Institution's recommended loan amount shall not exceed the maximum permitted for the Applicant's Academic Level at the time of certification. ~~of the Applicant's first term of enrollment in that Academic Year.~~

Example: A student desires a Stafford Loan ~~loan~~ for a two semester period of enrollment beginning 8/20/87 and concluding 5/15/88. During the fall 1987 Term the student will be a sophomore and during the spring 1988 Term the student anticipates attaining the Academic Level of Junior. ~~The~~ Prior to the borrower's successful completion of the fall Term, the Institution's recommended loan amount shall not exceed the \$2,625 loan permitted sophomore borrowers.

2) Should a student borrow in excess of the permitted loan maximums, the Institution shall terminate the student's eligibility for federal financial assistance for that Academic Year. See Section 484 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1091)

g) Students Enrolled in a secondary Institution may not utilize Guaranteed Loan proceeds to enroll concurrently in a vocational Institution.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## Section 1720.20 Lender Eligibility

a) Lender Agreement

1) All approved Lenders must execute an ISSC Lender Agreement prior to participating in the Stafford, ~~IGL~~ PLUS, SLS and ~~consolidation loan~~ unil loan programs.

2) Lenders must have received ED approval prior to executing a Lender Agreement.

3) The Lender Agreement shall include provisions requiring Lenders to:

- Comply with statutes, Federal Regulations, Rules, and procedures; and
- Provide such information as ISSC may request relating to borrower demographics, collection records and other documents the ISSC may need to comply with Federal Regulations. See: Sections 1720.60 (a) and 1720.70(c).

4) Lenders and the ISSC may agree to electronically transmit and receive data. ISSC shall provide the Lender with program documentation and reasonable technical assistance related to electronic data exchange. ISSC and the Lender shall agree that the information and data shall be confidential and shall not be used, disclosed, sold or shared for any purpose other than those directly related to the administration of the ISSC's Guaranteed Loan programs.

5) Termination of the Lender Agreement may be made by either the Lender or ISSC with thirty (30) days written notice. Termination shall not affect any obligations incurred prior to the time such termination becomes effective.

b) Eligible Lenders shall employ an adequate number of qualified persons to administer its responsibilities under the ISSC Rules. In determining whether a Lender employs an adequate number of qualified persons, the ISSC considers the number of students aided, the number of applications evaluated and the amount of funds administered.

c) In addition to the provision of subsection (a), the Lender Agreement for insurance companies approved as Lenders shall require:

- 1) advertising and promotional materials consistent with Ill. Rev. Stat. 1985, ch. 73, par. 761 and 50 Ill. Adm. Code 909;
- 2) compliance with Article XXVI of the Illinois Insurance Code, Ill. Rev. Stat. 1985, pars. 1028 et seq.

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d) Illinois educational Institutions shall be approved as Lenders by the Commission if approved by ED and meet the following requirements.

- 1) The specific materials and procedures for an Institution to follow in seeking approval as an eligible lender are:
  - A) An audited, certified, and preferably unqualified annual financial statement prepared by a firm of certified public accountants (CPA). The statement must cover a period of no less than 12 months and be no more than 12 months old at the time of submission. The CPA firm must express an acceptable opinion on the statement, and the statement shall consist of no less than a balance sheet, a statement of profit and loss, and all attendant notes thereto.
  - B) An institutional catalogue, and a statement of the Institution's educational costs and refund policies.
  - C) A statement of the Institution's default/delinquency experience as a Lender in the Perkins Loan Program and/or Federal Insured Student Loan (FISL) program, 20 U.S.C.A. 1071 et seq. (1986), and a release to permit the ISSC to solicit further data from ED or the Institution's service agency, if any, with respect to such records.
  - D) A statement which demonstrates the Institution's administrative ability to comply with all servicing requirements of the program.
  - E) Bank and other credit references and a release to permit ISSC to inquire of these references.
  - F) A statement explaining the source of the Institution's lending capital.
  - G) A statement providing the amount of lending authority sought for the applicable fiscal year and an estimate of the lending volume expected in each of the two succeeding fiscal years.
  - H) Any other materials which might be requested by ISSC to show the Institution's potential qualifications as a Lender.

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- 2) In addition to the above materials, a school which is organized on a for-profit basis will be requested to submit a:
  - A) Copy of its student contract;
  - B) Description of its admission/sales staff and their functions;
  - C) Statement of the Institution's drop-out/completion rates;
  - D) Sample of the Institution's advertising materials; and
  - E) Description or copies of student complaints filed with the Institution in the last two years. In addition to these materials, ISSC will secure a Dun and Bradstreet Report on the Institution, a statement from the Better Business Bureau with regard to any consumer complaints, and a statement from the Institution's accrediting association.
- 3) The applications for eligible Lender status in the Programs and the supporting documentation shall be reviewed by ISSC. ISSC shall inform applicant Institution of its proposed recommendations to the Commission prior to the meeting at which action on the application will be taken. The Applicant Institution shall also be informed of the recommendation for its annual lending limit as well as any additions to the Lender Agreement which ISSC feels prudent in individual instances to protect the default record of ISSC. The Institution shall also be informed that if it is not in agreement with any of ISSC recommendations, it is entitled to representation at the Commission meeting and will be allowed to state its objections. If the Institution is approved by the Commission as a lender, ISSC will execute a Lender Agreement which will include:
  - A) The Institution's agreement to abide by the Rules of ISSC;
  - B) A statement of agreement including, or referring to, the list of required activities of educational Lenders labeled as Appendix A;
  - C) A statement of agreement including, or referring to, the Federal Regulations with respect to loan Disbursements and refund application;
  - D) A statement of agreement including, or referring to, the Federal Regulations definition of "due diligence"; and



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- E) An expiration date of such lending contract which shall not be later than the end of the first full fiscal year following the negotiation of the contract, at which time its renewal shall be considered by ISSC.
- e) A loan guarantee shall be cancelled if the Lender fails to comply with Federal Regulations, statutes, ISSC Rules, or procedures, provided such failure impairs ISSC's ability to recover the expense of reimbursing the Lender for the defaulted loan.
- f) ISSC conducts compliance reviews to determine if approved Lenders are complying with Federal Regulations, statutes and Rules.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1720.30 Institutional Eligibility**

- a) Eligible postsecondary Institutions include universities, colleges, graduate schools, schools of nursing, business, trade, technical, and vocational schools. Correspondence Institutions/programs are not eligible. Institutions must have executed a Program Participation Agreement with ED before applying for ISSC approval. See: 34 CFR ~~682.600 (1986)~~, 668.12 et seq.
- b) Borrower(s) shall be responsible for the full amount of the loan if an Institution declares bankruptcy or ceases operation.
- c) When an approved Institution has a change of ownership, as defined by Federal Regulations, the Institution's ISSC Program Participation Agreement is also terminated. The Institution may have eligibility reinstated by the execution of new Program Participation Agreements with ED and the ISSC. See: 34 CFR ~~668.18 (1986)~~, 23 Ill. Adm. Code ~~1700.30(a)-600.30~~ et seq.
- d) An Institution may not engage in loan origination activities. This prohibition shall not apply if the Institution has an ED approved Origination Agreement, provided the agreement is on file with ISSC. See: 34 CFR 682.601 (1986).
- e) Approved Institutions shall provide ISSC with the current enrollment status of students the Institution certified as eligible borrowers. ISSC shall request enrollment data in accordance with a schedule published on an annual basis.

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- f) Approved Institutions must demonstrate the requisite administrative capability, as defined by Federal Regulations. See, e.g.: 34 CFR ~~668.17 (1986)~~, 14 et seq.
- g) Vocational Institutions shall annually submit graduate employment data to ISSC, as required by 34 CFR 668.44 (1986).

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1720.40 Procedures for Obtaining a Guaranteed Loan**

- a) Borrowers who are eligible for a loan guarantee in accordance with Section 1720.10 are issued a notice of guarantee and an application/promissory note form. All promissory notes ~~documents and instruments~~ must be in the form furnished by ISSC or an ISSC approved facsimile. No alteration or substitution may be used.
- b) All loans are made at the Lender's discretion. When a Lender rejects a borrower's application/promissory note, the Lender shall issue a Notice of Non-acceptance form to the borrower.
- 1) Should an Applicant be unable to secure an ISSC Guaranteed Loan from an approved Lender, ISSC shall refer the Applicant to a Lender who has indicated a willingness to issue a Guaranteed Loan.
- 2) An Applicant must submit to ISSC a written request for a Lender referral. The request must include copies of three written notifications from approved Lenders that indicate a refusal to approve a loan application.
- c) The availability of an ISSC Guaranteed Loan shall not be conditioned upon the purchase of credit life, life, accident, health, or other forms of insurance.
- d) No Stafford Loan ~~for a loan~~ of less than \$150 shall be made by a Lender. A minimum loan amount of \$500 applies to PLUS and SLS. See Section 1720.10(f) for loan maximums.
- e) The application/promissory note must be signed in ink. Signature stamps shall not be used.
- f) Within any one of ISSC's Guaranteed Loan programs, all of a borrower's outstanding loans must be held by the same Lender or Holder.

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- 1) If a Lender receives an application/promissory note, and the borrower has outstanding ISSC Guaranteed Loan(s) with a prior Lender, the following provisions apply:
  - A) ~~A PLUS loan~~ Stafford Loan will be guaranteed if the Lender has purchased all outstanding ~~IGLP~~ Stafford Loans.
  - B) A PLUS loan will be guaranteed if the Lender has purchased all outstanding PLUS Loans made on behalf of the same student.
  - C) A SLS loan issued by a commercial Lender will be guaranteed if the Lender has purchased all outstanding SLS Loans made by another commercial Lender.
  - D) A SLS loan issued by an educational Lender will be guaranteed if the Lender is an educational Institution at which the borrower is Enrolled and the borrower has not previously obtained a SLS Loan through a commercial Lender.
- 2) If the Lender has sold the Applicant's previous ISSC Guaranteed Loan(s) to an approved Holder, a subsequent loan will be guaranteed provided:
  - A) the renewal loan is issued by the same Lender that issued the previous loans; and
  - B) the Lender sells the renewal loan to the Holder. The Lender must sell the loan by the ending loan term date or May 1 following the guarantee date, whichever is earlier. Failure to sell the renewal loan by the deadline shall result in the loss of guarantee.
- 3) The requirements of ~~the~~ subsection (f) shall not apply if:
  - A) the outstanding loans ~~involved~~ are held by a Lender which ~~who~~ has been either declared insolvent by a regulatory agency or has ~~terminated its~~ been terminated if the Lender Agreement ~~has~~
  - B) the borrower informs ISSC, in writing, that he/she is dissatisfied with the previous Lender's performance and requests that subsequent loans be issued by a different Lender.

## g) Co-maker and Co-signers

- 1) Where two Parents or legal guardians reside in the same household, and the Parent or guardian applying for a PLUS loan guarantee is not the larger wage earner of the two, the Parent or legal guardian who is the larger wage earner must co-make the loan. This requirement shall not apply if, under current criteria employed by the Lender, the Applicant would be considered eligible for an unsecured loan of the same amount from such Institution. The Lender shall not require a co-maker on a SLS loan. At the Lender's option, a co-signer may be required on any PLUS or SLS loan.

- 2) The Lender shall not require a co-maker or co-signer on ~~a~~ a Stafford Loan ~~loan~~ or accept security for payment thereof.

- h) Lenders shall obtain the names and addresses of at least two references from each loan Applicant. Lenders shall submit the reference data to ISSC when requesting ISSC reimbursement pursuant to Section 1720.70.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1720.50 Procedures for Disbursement and Repayment

- a) Disbursement and repayment procedures are specified in Federal Regulations.
- b) Prior to Disbursement, the borrower(s) shall execute a completed application/promissory note(s) for the principal and interest on the loans. The Lender shall retain the original copy of the application/promissory note.
- c) The Lender shall transmit to ED any and all statements and reports necessary to obtain federal interest payments on the borrower(s)' behalf. The Lender shall not collect or attempt to collect from the borrower(s) or ISSC any portion of the interest on the loan which is payable by ED.
- d) Except for loans pursuant to Section 1720.55, the Lender shall not disburse the proceeds of any loan on the borrower(s)' behalf unless and until the Lender shall have received from ISSC evidence of a guarantee. The Lender shall inform ISSC of all loans through submissions of the Student Status Confirmation Report.



## STATE SCHOLARSHIP COMMISSION

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- e) ~~HELP~~ Stafford Loan and SLS loan proceeds shall be transmitted directly to the Institution. PLUS loan proceeds shall be delivered to the borrower by the Lender. The Lender shall notify the educational Institution of all PLUS Disbursements.
- 1) The student loan check shall be payable to the borrower unless the borrower has authorized, in writing, a co-payable loan check.
- 2) ~~The Lender shall not release the first disbursement of the proceeds to the Institution or the PLUS borrower earlier than thirty days before the student commences classes for the academic term. Disbursement by the educational Institution to the borrower shall not occur earlier than ten days before the first scheduled day of classes.~~
- 3) ~~After classes have commenced, proceeds must be disbursed to the borrower immediately, but not later than ninety days after the conclusion of the academic term.~~
- A) ~~If the proceeds have not been disbursed to the borrower within the ninety day period, the proceeds must be returned to the Lender.~~
- 2) B) If the proceeds have not been disbursed to the borrower within ninety days after the conclusion of the Term, ISSC approval is required prior to Disbursement. Factors to be considered by ISSC in evaluating the borrower's Disbursement request include whether the delay in Disbursement was avoidable by the borrower, whether the borrower was familiar with the loan application process through prior ISSC borrowing, whether the borrower had difficulty locating a Lender willing to issue a loan, and other extenuating circumstances (e.g., death in the borrower's family).
- 34) If the borrower has withdrawn from enrollment, in accordance with Federal Regulations the Institution must submit a refund to the Lender. See: e.g., 34 CFR 682.607 (1986). The refund shall be in the form of a check payable to the Lender on behalf of the borrower. The Institution shall provide simultaneous written notice to the student of the refund.

## STATE SCHOLARSHIP COMMISSION

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- A) If the Institution fails to issue a timely refund, as defined by Federal Regulations, the Institution shall pay penalty interest.
- B) The penalty interest shall equal the total amount of interest and special allowance generated by the principal value of the refund amount. The penalty interest shall be computed from the date the refund was due until the date the refund was issued.
- C) The penalty interest shall be paid to the Lender or subsequent Holder.
- f) The borrower(s) shall have the right to prepay without penalty the whole or any part of a loan guaranteed hereunder. If less than all outstanding notes are prepaid, the notes shall be prepaid in the order of their execution dates commencing with the earliest. Any prepayment made thereon shall be credited wholly to the principal.
- g) The Lender or Holder shall send a repayment schedule and disclosure statement to the borrower(s) no later than 30 days prior to the expiration of the borrower(s)' grace period. The borrower(s)' notes are incorporated by reference into the signed repayment schedule and disclosure statement.
- 1) On or before the first payment date defined in the note(s), the borrower shall begin making installment payments pursuant to said schedule. The note maturity date will be calculated in accordance with the requirements of Federal Regulations.
- 2) The maturity date identified in the most recent note updates the maturity date of all previous notes, provided the borrower has not previously entered repayment.
- 3) The borrower(s) may defer their repayment obligations in accordance with this Section.
- h) The Lender or Holder shall notify ISSC of payment in full or prepayment in full through submissions of the Student Status Confirmation Report.

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- i) In accordance with Federal Regulations, the Lender or Holder may extend the maturity date of any note. If the Lender or Holder agrees to extend said note, then the borrower(s) must execute a forbearance agreement. A Lender approved forbearance agreement(s) may be approved for not exceed a total period of up to one year at a time. Should a borrower request a forbearance which would exceed the one year maximum, the Lender shall submit the request to ISSC for approval. ISSC shall approve the request if the borrower meets the requirements of Federal Regulations. See e.g., 34 CFR 682.211 (1986).

- j) Borrowers are entitled to deferments, which extend the maturity date of any note(s), under conditions established by Federal Regulations. The borrower(s) shall be responsible for submitting to the Lender a completed deferment (extension) agreement.

- k) ISSC provides Lenders with the forms necessary for servicing their Guaranteed Loan portfolio (e.g., deferment forms, forbearance forms). With advance ISSC approval, Lenders may use non-ISSC forms. ISSC shall approve the use of alternative forms provided the alternative form is ED-approved and is compatible with ISSC's data processing requirements.

- k1) No note shall be sold or transferred by the Lender except to an ISSC-approved Lender, an ISSC-approved Holder, or ISSC.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1720.60 Preclaim Assistance

- a) ISSC functions in a supplementary role to assist the Lender or Holder in its collection of the a loan that is at least 90 days delinquent. After requesting Preclaim assistance, the Lender or Holder shall continue to proceed with normal collection activity. The following information is requested, if available:

- 1) Name, social security number, and state driver's license number;
- 2) Employer's name and telephone number;
- 3) Home address and telephone number;
- 4) Identification of the problem;
- 5) Date and amount of each payment;
- 6) Copies of collection activity records; loan amount; and
- 7) Number of days delinquent.

- b) The request for preclaim assistance must be sent to ISSC no earlier than 90 80 days after the first date of delinquency and no later than 100 days after the date of delinquency.

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- c) For one hundred or more accounts submitted at one time the request for preclaim assistance must be submitted on computer tape, in a format approved by ISSC, from which collection action can begin immediately.
- d) If a borrower's address is unknown, the Lender shall attempt to locate the borrower prior to requesting preclaim assistance. These attempts shall include written and/or telephone inquiries to the Institution, the borrower at both the school and permanent address and the borrower's references.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1720.70 Reimbursement Procedures

- a) If a borrower dies or becomes permanently and totally disabled, the Lender or Holder shall request reimbursement from ISSC within 60 days of the Lender's receipt of the borrower's loan cancellation request. Requests for default reimbursement must be submitted to the ISSC no earlier than 180 days after the first date of delinquency and no later than 270 days after the date of delinquency. The Lender or Holder shall be reimbursed for 100% of the outstanding principal balance and the interest which accrued from the default date to ~~thirty~~ (30) fifteen (15) days after the Illinois State Voucher is completed. On PLUS loans all co-makers must meet the default criteria contained in Federal Regulations.

- b) The Lender or Holder must request ISSC reimbursement for any bankruptcy claim in accordance with Federal Regulations. See, e.g.: 34 CFR 682.402 ~~(1986)~~. The request for reimbursement must be submitted within 30 working days of the Lender's receipt of notice that the loan is eligible for reimbursement. A copy of the restraining order and the appropriate papers should be included. On PLUS loans, all co-makers must meet the bankruptcy criteria.

- c) Prior to reimbursement, the Lender or Holder must certify compliance with federal due diligence requirements and subsection (f). Prior to reimbursement, the Lender must have remitted the insurance premium established by Section 1720.80.

- d) The Lender or Holder shall forward to ISSC any payments made by borrowers after default reimbursement and shall advise ISSC of any subsequent information received concerning the student. Prior to reimbursement, all original notes must be properly endorsed and submitted to ISSC. If the notes have been erroneously stamped "Paid in Full", or lost, the Lender or Holder shall execute a hold harmless agreement with ISSC.



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- e) No fee or charge, other than the maximum interest rate prescribed by ED, including the student insurance premium, and the federal loan origination fee, shall be contracted for or received by the Lender, except that a delinquency charge is permitted on each installment in default for a period of not less than ten days. The amount of the delinquency charge cannot exceed five per cent (5%) of the delinquent installment, or five dollars (\$5.00), whichever is less.
- f) The Lender or Holder shall make a proper collection effort in accordance with acceptable practices of prudent lending institutions including, but not limited to, the collection activities required by Federal Regulations. See, e.g., 34 CFR 682.411 (1986).
- g) ISSC shall collect the outstanding amount on the Guaranteed Loan. If the borrower refuses to retire the debt, ISSC shall litigate or assign the account to a licensed collection agency.
- h) Should a borrower refuse to retire the debt, the ISSC shall direct the State Comptroller to offset any payment from the State Treasurer to the borrower. The funds offset shall be remitted to the ISSC and credited against the debt.

1) All offsets shall be processed in accordance with 74 Ill. Adm. Code 285.

2) The ISSC shall not direct an offset if the borrower has maintained a satisfactory repayment record. See: 23 Ill. Adm. Code 1700.40(a)(2).

3) ISSC shall notify a borrower fifteen days prior to the first offset. ISSC shall not provide additional notice of subsequent offsets for the same debt. Should the borrower dispute the debt, an appeal must be filed within fifteen days of the date of the notice. Appeals will be processed in accordance with 23 Ill. Adm. Code 1700.70. If the requested relief is granted, the funds offset shall be returned to the borrower.

4) Funds eligible to be offset include, but are not limited to, state income tax refunds and the wages of state employees.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## Section 1720.75 Cure Procedures (Repealed)

- a) ~~This Section establishes procedures for lenders to cure violations of the requirements of Section 1720.70 relating to due diligence in collection and the timely filing of reimbursement request.~~
- b) ~~To reinstate a loan guarantee in the case of a default claim which was not timely filed, or a due diligence violation, the lender must first locate the borrower.~~
- 1) ~~The lender must then send the borrower a new repayment schedule/disclosure statement (which complies with the 10 year maximum repayment period) and a collection letter which indicates in strong terms the seriousness of the delinquency.~~
- 2) ~~If the borrower signs the new repayment schedule/dislosure statement and submits one payment in accordance with that agreement, the loan guarantee is reinstated.~~
- c) ~~On the date the lender has received both the signed repayment schedule/dislosure statement and the first timely payment required by that schedule, the borrower is considered current. If the borrower subsequently becomes delinquent, the lender shall follow the due diligence requirements established by Federal Regulations.~~
- d) ~~The following cure procedures are available for bankruptcy claims which were not timely filed in accordance with Section 1720.70(b):~~
- 1) ~~Dismissal of the bankruptcy claim by the court.~~
- 2) ~~Conversion of a Chapter 13 petition to a Chapter 7 petition. (See: 11 U.S.C. 101 et seq.)~~
- 3) ~~The timely filing by the lender of a proof of claim with the court.~~
- 4) ~~The execution of a reaffirmation agreement which has been approved by the court.~~
- e) ~~For any reimbursement claim involving a reinstated guarantee, the ISSC shall not pay for any unpaid interest accumulating prior to the date of reinstatement. If the unpaid interest which accumulated prior to reinstatement has been capitalized, the lender must deduct the capitalized interest from any subsequent reimbursement claim.~~

(Source: Repealed at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

STATE SCHOLARSHIP COMMISSION  
NOTICE OF PROPOSED AMENDMENTS

## SUBPART B: ILLINOIS DESIGNATED ACCOUNT PURCHASE PROGRAM (IDAPP)

## Section 1720.120 IDAPP Eligible Loans

- a) ISSC will purchase non-delinquent loans which are guaranteed pursuant to this Part.
- b) ISSC will also purchase ~~IGLP~~ Stafford Loans which are 30-90 days delinquent on installments of principal or interest or loans for which the borrower has failed to meet other contractual obligations. Loans in default are not eligible for purchase and should be submitted for reimbursement in accordance with Section 1720.70.
- c) At the Lender's request, ISSC will purchase ~~IGLP~~ Stafford Loans in deferred status because of the borrower's unemployment or which have been granted a forbearance by the Lender.
- d) The Lender must be in compliance with ISSC Rules up to the date of the sale.
- e) ~~Purchase eligibility with respect to loans guaranteed by ISSC after March 1, 1978, requires the lenders, prior to disbursement, to secure proper identification of the borrower.~~
- ef) In cases where a borrower's loan is held by ISSC and the borrower requests a renewal loan, and where such borrower has established a satisfactory relationship with ISSC, the original Lender must agree to make the renewal loan to the borrower with the understanding that such loan will be immediately purchased by ISSC to consolidate the student's indebtedness. See: Section 1720.40(f)(2).

## fg) Default Prevention Program

- 1) In cases where a Lender executes a contract authorizing participation in the Default Prevention Program, ISSC will purchase additional types of loans specified in subsection (g)(2). All accounts submitted for purchase must have an annual cumulative average loan size of at least \$3,500.
- 2) ISSC will purchase the following additional types of loans:
  - A) all deferred loans other than unemployment deferments;
  - B) loans from borrowers who have moved;
  - C) loans from borrowers who have failed to respond to the Lender's written inquiry;
  - D) loans from graduate student borrowers, and
  - E) loans that do not fall under any preceding criteria classification.

gh) Upon the sale of an account to ISSC, the Lender shall report the transfer of ownership to the credit reporting agency utilized by the Lender. The Lender shall not adverse the borrower's credit rating.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

## 1) The Heading of the Part: Paul Douglas Teacher Scholarship Program

2) Code Citation: 23 Ill. Adm. Code 1762

3) Section numbers: 1762.40 Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Section 551 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1111 et seq.), and Sections 30-15.4(b) and (f) of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, pars. 30-15.4(b) and (f)).

5) A Complete Description of the Subjects and Issues Involved: The proposed amendment splits the application form into two separate documents, one completed by the applicant and one completed by the educational institution. At present there is one application form that is completed by both the applicant and the educational institution.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: Not applicable

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Mr. Larry E. Matejka  
Executive Director  
Illinois State Scholarship Commission  
106 Wilmet Road  
Deerfield, Illinois 60015

12) Initial Regulatory Flexibility Analysis: This rulemaking does not affect small businesses.

The full text of the Proposed Amendment begins on the following page:



## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER IX: STATE SCHOLARSHIP COMMISSION

## PART 1762

## PAUL DOUGLAS TEACHER SCHOLARSHIP PROGRAM

## Section

1762.10 Summary and Purpose

1762.20 Definitions

1762.30 Scholar Eligibility

1762.40 Program Procedures

**AUTHORITY:** Implementing and authorized by Section 551 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1111 et seq.), and Sections 30-15.4(b) and (f) of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1987, ch. 122, par. 30-15.4(b) and (f)).

**SOURCE:** Emergency Rule adopted at 10 Ill. Reg. 12690, effective July 18, 1986, for a maximum of 150 days; adopted at 11 Ill. Reg. 3159, effective January 29, 1987; amended at 12 Ill. Reg. 11559, effective July 1, 1988; amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1762.40 Program Procedures

a) Applications for the Paul Douglas Teacher Scholarship Program are available from: approved High Schools in Illinois; offices of Congressional Representatives from the State of Illinois; offices of ISSC in Springfield, Chicago, and Deerfield, and; postsecondary Institutions throughout Illinois.

b) A completed application must be received in ISSC's Deerfield office on or before June 1 preceding the Academic Year for which the scholarship would be available except that Applicants who would be utilizing the scholarship at the freshman Academic level must submit a completed application on or before August 1 preceding the Academic Year for which the scholarship would be available. A complete application includes ~~certifications from the Applicant and postsecondary institution.~~

1) All Applicants must also apply for a Monetary Award Program (MAP) grant for the purpose of determining CMFC. (See: 23 Ill. Adm. Code 1735)

2) Applicants must also provide their postsecondary Institution a copy of their high school transcript or any other documentation which verifies rank in class upon high school graduation. The Institution shall certify to ISSC whether the Applicant is a Qualified Applicant as defined at Section 1762.30(b).

## STATE SCHOLARSHIP COMMISSION

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c) A congratulatory letter shall be sent to each Qualified Applicant who is selected as a Scholar. A listing of Scholars shall be made available to Institutions, members of Congress, and to the media.

d) Renewal applications are mailed annually to eligible Scholars and must be submitted to ISSC before the deadline stated on the Renewal application.

e) Prior to receiving scholarship assistance for any Academic Year, the Scholar must sign a Teaching Commitment Agreement/Promissory Note at the financial aid office of the postsecondary Institution the Scholar is attending.

1) The Institution shall submit the signed Teaching Commitment Agreement/Promissory Note to ISSC with a Payment Request Form.

2) The Teaching Commitment Agreement/Promissory Note shall require the Scholar either to fulfill the teaching requirements or to repay all or part of the scholarship, plus interest, as provided by Federal Regulations.

## f) Scholarship Amount

1) In accordance with this subsection, the Scholar's postsecondary Institution shall compute the size of the scholarship and shall submit a Payment Request Form. The Scholar must have reviewed and signed the Payment Request Form.

2) Except as otherwise provided in this subsection, scholarships shall be in the amount of \$5,000.

3) If a Paul Douglas Teacher Scholarship, when added to the amount the Scholar is to receive for the same Academic Year under Title IV of the Higher Education Act of 1965, as amended, (20 U.S.C.A. 1070 et seq.), would exceed the Scholar's cost of attendance, as defined at Section 472 of the Higher Education Act of 1965 (20 U.S.C.A. 108711), as amended, the Institution shall reduce the scholarship by the amount in which the combined awards would exceed the Scholar's cost of attendance.

4) In any Academic Year in which the Scholar accepts financial assistance through the Teacher Shortage Scholarship Program, or the Mathematics or Science Teacher Scholarship Program (See: 23 Ill. Adm. Code 54: "Fellowship, Internship and Scholarship Programs"), the Scholar shall not be eligible for scholarship assistance under this Part.

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- 5) A Scholar may receive grant assistance under the Monetary Award Program (23 Ill. Adm. Code 1735) only up to the amount by which the Scholar's cost of attendance exceeds the amount of the scholarship.
- g) Scholarship funds are applicable towards two semesters/three quarters of Full-time study within an Academic Year. Upon receipt of scholarship funds, the Institution shall verify that the Scholar continues to be Enrolled. The Institution may then credit scholarship funds to the recipient's account for expenses then due and payable. The balance of the scholarship funds shall be released to the Scholar. If the Scholar has withdrawn from enrollment, the Institution shall return the total amount of the scholarship to ISSC.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## STATE SCHOLARSHIP COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: State Scholar Program
- 2) Code Citation: 23 Ill. Adm. Code 1760
- 3) Section Numbers: 1760.30 Proposed Action: Amendment
- 4) Statutory Authority: Implementing Section 30-15.5 and 30-15.6 and authorized by Section 30-15.4 of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1985, ch. 122, pars 30-14.5, 30-15.6, and 30-15.4).
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendment clarifies the information that must be submitted to ISSC in order to be considered for State Scholar designation.
- 6) Will this proposed amendment replace an emergency rule currently in effect?  
No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: Not applicable
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Mr. Larry E. Matejka  
Executive Director  
Illinois State Scholarship Commission  
106 Wilmet Road  
Deerfield, Illinois 60015

- 12) Initial Regulatory Flexibility Analysis: This rulemaking does not affect small businesses.

The full text of the Proposed Amendment begins on the next page:



Summary and Purpose  
Selection Criteria  
Testing and Class Ranking of Students to be Considered for Program  
Other Information

AUTHORITY: Implementing Sections 30-15.5 and 30-15.6 and authorized by Section 30-15.4 of the Higher Education Student Assistance Law (111. Rev. Stat. 1985, ch. 122, pars. 30-15.5, 30-15.6, and 30-15.4).

SOURCE: Adopted at 3 Ill. Reg. 4, p. 38, effective January 26, 1979; amended at 4 Ill. Reg. 16, p. 118, effective April 7, 1980; rules repealed, new rules adopted at 5 Ill. Reg. 7251, effective June 26, 1981; amended at 6 Ill. Reg. 8413, effective June 30, 1982; codified at 7 Ill. Reg. 10878; amended at 9 Ill. Reg. 20877, effective January 1, 1986; amended at 11 Ill. Reg. 3242, effective January 29, 1987; amended at 11 Ill. Reg. 14137, effective August 10, 1987; amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 1760.30 Testing and Class Ranking of Students to be Considered for Program

- a) To be considered for the State Scholar Program, a student must take either the American College Testing (ACT) Assessment or the Scholastic Aptitude Test (SAT), during his/her fifth or sixth semester. Students planning to be graduated in other than the traditional four years must take such examination in an equivalent Term; e.g., the three-year graduate must take the examination in the third or fourth semester.
- 1) A student may take either or both examinations during the designated period.
- 2) All scores from such tests taken during the designated period must be submitted to ISSC.

- 3) If a student submits scores from any two examinations taken during the designated period, ISSC will use the higher of the two scores.
- 4) If the student submits scores from more than two examinations, taken during the designated period, ISSC will disregard the lowest score and use the average of the remaining scores.

5) When a student submits scores to ISSC, the student must report his/her Academic Level at the time the test is taken.

b) ISSC will accept supplementary score reports of tests taken during the designated period upon the student's authorization to the test service. Such authorization by the student must be received by the ISSC before August 1.

c) Students who, for any reason, are unable to take a test on a regular testing date should make special arrangements to be tested in accordance with the procedures of the testing service. Any such special arrangements must take into account the test score submission deadline in subsections (a) and (b).

d) High Schools shall provide to ISSC the sixth semester class ranks of students who desire to be considered for the State Scholar Program.

1) Class ranks are to be calculated so that the class rank for the lowest Grade Point Average (GPA) equals the total number of students being ranked, according to the high school's policy or practice and shall be the same as those computed for college admission, placement, or other similar purposes.

Example: Class Rank	GPA
1	99.3
2	98.9
3	98.9
4	98.1
5	97.9
6	97.9
7	97.4

2) The equivalent Term rank shall be provided for students planning to be graduated in other than the traditional four years; for example, ranks for three-year graduates shall be as of the fourth semester.

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e) Test scores submitted in accordance with these rules shall be converted to an Illinois Standard Test Score as follows:

- 1) The ACT Assessment Composite Score shall be the Illinois Standard Test Score.
- 2) The Scholastic Aptitude Test Scores shall become the Illinois Standard Test Score after first multiplying the SAT verbal score by 2, adding that result to the SAT math score, then using the table below for SAT 2V + M.

Illinois Standard Test Score Table

Illinois Standard Score	SAT 2V+ M	ACT Composite
35	2280 to 2400	35
34	2200 to 2270	34
33	2090 to 2190	33
32	2000 to 2080	32
31	1920 to 1990	31
30	1830 to 1910	30
29	1750 to 1820	29
28	1680 to 1740	28
27	1610 to 1670	27
26	1550 to 1600	26
25	1480 to 1540	25
24	1430 to 1470	24
23	1380 to 1420	23
22	1340 to 1370	22
21	1300 to 1330	21
20	1250 to 1290	20
19	1210 to 1240	19
18	1170 to 1200	18
17	1140 to 1160	17
16	1100 to 1130	16
15	1060 to 1090	15
14	1010 to 1050	14
13	960 to 1000	13
12	910 to 950	12
11	870 to 900	11
10	820 to 860	10
9	810 and below	9

f) High School class ranks submitted in accordance with these rules shall be converted to an Illinois Standard Rank Score as follows:

- 1) First, determine the percentile of the class rank for each student in accordance with the following formula:  
Percentile = Size of Class MINUS (Rank in Class minus .5) + Size of Class

2) Then, use the table below to convert a percentile class rank to the Illinois Standard Rank Score.

Percentile	Illinois Standard Rank Score
99.75 - 99.99	30
99.53 - 99.74	29
99.19 - 99.52	28
98.62 - 99.18	27
97.79 - 98.61	26
96.41 - 97.78	25
94.53 - 96.40	24
91.93 - 94.52	23
85.50 - 91.92	22
84.14 - 85.49	21
78.82 - 84.13	20
72.58 - 78.81	19
65.56 - 72.57	18
57.93 - 65.55	17
50.00 - 57.92	16

g) An Illinois Weighted Selection Score for each student shall be computed by multiplying the Illinois Standard Test Score by two, and adding that result to the Illinois Standard Rank Score.

h) In any Academic Year, the number of State Scholars is approximately equal to ten percent of the estimated total number of Illinois high school graduates. ISSC annually establishes a minimum Weighted Selection Score to yield this result.

(Source: Amended at 12 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## DEPARTMENT OF EMPLOYMENT SECURITY

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Determination Of Unemployment Contributions
- 2) Code Citation: 56 Ill. Adm. Code 2770
- 3) Section Number: Adopted Action:  
2770.100 Amended Section  
2770.105 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 578.1, 610 and 611.
- 5) Effective Date of the Rules: October 27, 1988.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this Rule contain an incorporation by reference? No.
- 8) Date filed in Agency's Principal Office: October 24, 1988.
- 9) Notice of Proposal published in Illinois Register: July 22, 1988 at 12 Ill. Reg. 11978.
- 10) Has JCAR issued a Statement of Objection to these Rules? No.
- 11) Difference between proposal and final version: In Section 2770.105, references were made to Section 1506.2 of the Act in the 1987 Illinois Revised Statutes. These references were changed to the 1985 Illinois Revised Statutes. In Section 2770.105(a), the word "not" was added after "who has" in the third line. A page of text was inadvertently dropped from the original proposed version; this page is now added. This page included only technical cross-reference corrections.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.
- 13) Will this replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? Yes.

Section Number Proposed Action Illinois Register Citation  
2770.110 Amendment 12 Ill. Reg. 13825  
September 2, 1988

## DEPARTMENT OF EMPLOYMENT SECURITY

## NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and purpose of the rules: These adopted amendments to Part 2770 make several technical corrections in the nature of cross-references to other rules. These corrections were suggested by JCAR staff following rulemaking on other Sections in this Part.
- 16) Information and Questions regarding these Adopted Amendments may be addressed to:  
Stella Adams Cuthbert, Commissioner  
Illinois Department of Employment Security  
401 South State Street - 2 South  
Chicago, Illinois 60605  
312/793-4240

The full Text of the Adopted Amendments appears on the following pages:

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DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENTS

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TITLE 56: LABOR AND EMPLOYMENT  
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY  
SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770  
DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Industrial Classification  
Contribution Rate For Non Experience-Rated Employers  
Average Contribution Rates By Standard Industrial Classification (SIC) Codes

SUBPART C: ALTERNATIVE BENEFIT WAGE RATIO

2770.150 Eligibility To Elect The Alternative Benefit Wage Ratio  
2770.155 Approval Of Election Of The Alternative Benefit Wage Ratio  
2770.160 Adjustment Of The Benefit Wage Charges And The Determination Of The Alternative Benefit Wage Ratio  
2770.165 Revocation Of Election Of Alternative Benefit Wage Ratio  
2770.170 Appeals

SUBPART E: TRANSFER OF BENEFIT WAGES FROM BASE PERIOD TO SUBSEQUENT EMPLOYER

2770.400 Definitions  
2770.405 Application Of Base Period Wages  
2770.410 Restriction On Benefit Wage Transfers  
2770.415 Benefit Wage Transfer Procedural Requirements  
2770.420 Petition For Hearing

SUBPART F: BENEFIT WAGE CANCELLATIONS

2770.501 Effective Date Of Benefit Wage Cancellations Pursuant To Section 1508.1 Of The Act

2770-Table A General SIC Classification

AUTHORITY: Implementing and authorized by Sections 1500, 1501, 1503, 1506.1, 1506.2, 1508.1, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 578.1, 610 and 611).

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TITLE 56: LABOR AND EMPLOYMENT  
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY  
SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770  
DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

SOURCE: Emergency rules adopted as 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 550, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 8208, effective May 30, 1984; recodified from 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 15030; emergency amendments at 8 Ill. Reg. 15088, effective August 8, 1984, for a maximum of 150 days; emergency amendments at 8 Ill. Reg. 22139, effective October 26, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 24117, effective November 30, 1984; amended at 9 Ill. Reg. 4507, effective March 25, 1985; amended 10 Ill. Reg. 6935, effective April 14, 1986; amended at 10 Ill. Reg. 21683, effective December 15, 1986; amended 11 Ill. Reg. 9878, effective May 11, 1987; emergency amendments at 12 Ill. Reg. 210, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. 11213, effective June 20, 1988; amended at 12 Ill. Reg. 12473, effective July 15, 1988; amended at 12 Ill. Reg. 18143, effective October 27, 1988

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section 2770.100 Industrial Classification

a) Each employer subject to the Act shall be assigned an industrial classification number based on its primary activity.

1) Each employer shall be assigned to a major Economic Division based on the first two digits of the industrial classification number:

Digits	Economic Division
01-09	A. Agriculture, Forestry, Fishing
10-14	B. Mining
15-17	C. Construction
20-39	D. Manufacturing
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services
50-51	F. Wholesale Trade
52-59	G. Retail Trade
60-67	H. Finance, Insurance, Real Estate
70-89	I. Services
91-97	J. Public Administration
99	K. Nonclassifiable Establishments

2) The methodology for the above classifications shall be based upon the Standard Industrial Classification Manual, U. S. Office of Management and Budget



## DEPARTMENT OF EMPLOYMENT SECURITY

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(1972), and supplemented by the U.S. Department of Labor, Bureau of Labor Statistics, January 1983, which shall be incorporated and adopted by reference.

- 3) The general classifications to be used shall be those set forth in Table A.
- b) Each employer not eligible for an experience rate and in an Economic Division where the mean average contribution rate for experience rated employers is greater than the rates set forth in Section 2770.105(a)(1) or (2), (b)(1) or (2), or (c)(1) or (2), as applicable, shall be notified in writing of its industrial classification and rate of contribution.

- c) An industrial classification which is properly assigned pursuant to (a)(2) at the beginning of each calendar year or the date of liability, whichever is later, shall be final and conclusive for rate determination purposes for that entire calendar year.

(Source: Amended at 12 Ill. Reg. 18143, effective Oct. 27, 1988)

#### Section 2770.105 Employers

##### Contribution Rate For Non Experience-Rated

- a) For calendar years 1984, 1985, and 1986, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the two calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2).

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- A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years (or six month period), as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

- B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used for the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

- b) For calendar year 1987, and each calendar-year thereafter, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable emergency rate, as

## DEPARTMENT OF EMPLOYMENT SECURITY

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imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2).

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years (or six month period), as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used for the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

c) For calendar year 1988, and each year thereafter, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act (Ill. Rev. Stat. 1987, ch. 48, par. 576.3); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,

## NOTICE OF ADOPTED AMENDMENTS

3)

The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act.

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B)

Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used in the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

ed)

The mean average contribution rate for each Economic Division, determined pursuant to subsection (a)(3)(A) and (B), or subsection (b)(3)(A) and (B) or (c)(3)(A) and (B) shall be announced annually by the Director, during the last quarter of the year preceding the applicable year.

de)

Appeals from any determinations under Section 2770.100 or 2770.105 shall be taken pursuant to and governed by Section 1509 of the Act.

(Source: Amended at 12 Ill. Reg. 18143, effective Oct. 27, 1988)



## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED RULES

1) Heading of Part: Letters of Credit2) Code Citation: 50 Ill. Adm. Code 11023) Section Numbers: Adopted Action:

1102.10	New Section
1102.20	New Section
1102.30	New Section
1102.40	New Section
1102.50	New Section
1102.60	New Section

4) Statutory Authority: Ill. Rev. Stat. 1987 ch. 73, pars. 785, 785.1 and 1013.5) Effective Date of Rule: December 31, 1988.6) Does this rulemaking contain an automatic repeal date? No.7) Does this rule contain incorporations by reference? Yes. No JCAR certification is required pursuant to Section 6.02(a) of the Illinois Administrative Procedure Act.8) Date filed in Agency's Principal Office: September 23, 1988.9) Notice of Proposal Published in Illinois Register: November 13, 1987, 11 Ill. Reg. 18480.10) Has JCAR issued a Statement of Objections to these rules? No.11) Differences between proposal and final version:

- a) In Section 1102.10 the letter "s" in the word "authorizes" was deleted;
- b) In Section 1102.20 definitions for "affiliate" and "control" were added as follows:
  - i) "An affiliate of, or person affiliated with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with the person specified;"
  - ii) "Control (including the terms controlling, controlled by and under control) means the possession, direct or indirect, of the power

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to direct or cause direction of the management and policies of a person, whether through the ownership of voting securities, the holding of shareholders' proxies by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is solely the result of an official position with or corporate office held by the person. Control is presumed to exist if any person, directly or indirectly, own, controls, holds with the power to vote, or holds shareholders' proxies representing 10% or more of the voting securities of any other person".

c) In Section 1102.20(c) the word "who" was deleted and was replaced by the word "that".

d) In Section 1102.30(b), in the first sentence, the phrase "that has the authority to issue letters of credit" was deleted.

e) Section 1102.30(d) was deleted and replaced by the following language:

"The identity of the applicant and reinsurer shall be shown on the letter of credit and shall be clearly marked to indicate that such information is for internal identification purposes only and does not affect the terms of the letter of credit or the bank's obligation thereunder".

f) In Section 1102.30(f) the word "expiry" was deleted and was replaced by the word "expiration" in the first and second sentences.

g) Section 1102.30(g) was deleted and was replaced by the following language:

"The letter of credit must state that there are no additional documents imposing requirements which state that the obligation of the issuing or confirming bank is contingent upon any reimbursement with respect thereto".

h) In Section 1102.30(h) the letter "s" in the word "takes" was deleted.

i) In Section 1102.30(i)(1) the words "in writing" were added after the words "designates".

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- j) In Section 1102.30(i)(2) the word "expiry" was deleted and was replaced by the word "expiration".
- k) In Section 1102.3(i)(3) the phrase "any of the confirming bank's offices located in the United States" was deleted and was replaced by "a United States office of the confirming bank".
- l) Section 1102.40(b) was deleted, (c) was relettered as (b) and the phrase "pursuant to Section 132 of the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, par. 744)" was added at the end of the Section. Subsection (d) was relettered (c) and amended to read as follows: "Any new or renewal letters of credit shall comply with the requirements of this Part and the Illinois Insurance Code".
- m) In Section 1102.50 in the second sentence the word "acceptable" was deleted and the phrase "in compliance with the provisions of this Part and the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, pars. 613 et seq.)" was added at the end of the Section.
- 12) Have all the changes agreed upon by the agency and JCRR been made as indicated in the agreement letter issued by JCRR? Yes.
- 13) Will this rule replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? No.

- 15) Summary and Purpose of Rule:  
The purpose of this rule is to establish minimum standards for the acceptability of letters of credit which domestic insurance companies use to receive credit for reserves on reinsured risks ceded to foreign or alien insurance companies.
- 16) Information and questions regarding this adopted rule shall be directed to:

Jacqueline Parker  
Illinois Department of Insurance  
320 W. Washington  
Springfield, Illinois 62767  
(217) 782-4515

The full text of the Adopted Rule begins on the next page.

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DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULES

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER O: REINSURANCE

PART 1102

LETTERS OF CREDIT

Section	Purpose and Scope
1102.10	Definitions
1102.20	Minimum Requirements for Letters of Credit
1102.30	Application and Maintenance of a Letter of Credit
1102.40	Nonrenewal of Letters of Credit
1102.50	Severability

AUTHORITY: Implementing Sections 173 and 173.1 and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, pars. 785, 785.1 and 1013).

SOURCE: Adopted at 12 Ill. Reg. 18151, effective December 31, 1988.

Section 1102.10 Purpose and Scope

The purpose of this Part is to implement Sections 173 and 173.1 of the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, pars. 785 and 785.1) which authorize domestic insurance companies to receive credit for reserves on reinsured risks ceded to foreign or alien insurance companies that are not authorized to transact business in this State to the extent such reserves are secured by an unconditional and irrevocable letter of credit. This Part establishes minimum standards for these letters of credit. This Part shall apply to all domestic insurance companies and all health maintenance organizations authorized to transact business in this State.

Section 1102.20 Definitions

- a) An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
- b) A "clean letter of credit" means a letter of credit that provides that the beneficiary thereof need only present a sight draft on the letter of credit without any further documentation to the issuing or confirming bank to obtain funds.
- c) A bank that "confirms" a letter of credit becomes directly obligated on the letter of credit to the extent of its confirmation as though it was the issuing bank and assumes the rights and obligations of the issuing bank.
- d) "Control" (including the terms "controlling", "controlled by" and



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"under common control with") means the possession, direct or indirect, of the power to direct or cause direction of the management and policies of a person, whether through the ownership of voting securities, the holding of shareholders' proxies by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is solely the result of an official position with or corporate office held by the person. Control is presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds shareholders' proxies representing 10% or more of the voting securities of any other person.

**Section 1102.30 Minimum Requirements for Letters of Credit**

- a) Only letters of credit that fully comply with this Section may be utilized to qualify for reserve credit under a reinsurance agreement pursuant to Section 173.1 of the Illinois Insurance Code.
- b) The letter of credit must be issued by a member bank of the Federal Reserve System. The issuing bank must not be affiliated with the applicant for the letter of credit.
- c) The beneficiary of the letter of credit must be the ceding insurance company which is seeking to take reserve credit under the reinsurance agreement for reserves secured by the letter of credit. The letter of credit shall not name more than one beneficiary. Separate letters of credit must be provided for each beneficiary.
- d) The identity of the applicant and reinsurer shall be shown on the letter of credit and shall be clearly marked to indicate that such information is for internal identification purposes only and does not affect the terms of the letter of credit or the bank's obligation thereunder.
- e) The letter of credit must be "clean," irrevocable and unconditional and comply with the following:
  - 1) The letter of credit must expressly state that it is clean, irrevocable and unconditional and that it cannot be modified or revoked without the express consent of the issuing or confirming bank and the beneficiary, once the beneficiary has been established; and
  - 2) The letter of credit must be unconditional requiring no documentation whatsoever in that it shall vest in the beneficiary an unconditional right to recover thereon; the beneficiary must be able to realize funds simply by drawing a draft under the letter of credit, limited only by the amount available as set forth in the letter of credit. The letter of credit must specifically state that it is not subject to any conditions or qualifications outside of the letter of credit.
- f) The letter of credit must be for an original term of not less than one year and must expressly state the effective and expiration date of that term. The letter of credit must provide that it shall be automatically renewed for the period of time of the original term of

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the letter of credit, unless not less than thirty (30) days prior to the expiration date the beneficiary has received written notice from the issuing bank of its intent not to renew the letter of credit.

- g) The letter of credit must state that there are no additional documents imposing requirements which state that the obligation of the issuing or confirming bank is contingent upon any reimbursement with respect thereto.
- h) If the letter of credit is made subject to the Uniform Customs and Practice of Documentary Credits of the International Chamber of Commerce (Publication 400, 1983 Revision), it must specifically provide for an extension of time to enable the beneficiary to draw against the letter of credit in the event that any of the occurrences set forth in Article 19 of Publication 400 take place.
- i) A letter of credit confirmed by a member bank of the Federal Reserve System shall be deemed to have been issued by the confirming bank provided:

- 1) The bank that is the direct issuer of the letter of credit designates in writing the confirming bank as its agent for receipt and payment of drafts on the letter of credit; and
- 2) the minimum period of time for notice of nonrenewal prior to the expiration date of the letter of credit shall be not less than sixty (60) days; and
- 3) the letter of credit must provide that all drafts for payment therefrom must be presentable at a United States office of the confirming bank.

**Section 1102.40 Application and Maintenance of a Letter of Credit**

- a) A letter of credit shall not be used to reduce any liability for reinsurance ceded to an unauthorized insurance company in financial statements filed with the Department of Insurance unless the letter of credit complies with the requirements of this Part and has been issued on or before the "as of" date of the financial statement. Any such reduction of liability may be up to the amount available under the letter of credit but in no event shall it exceed the specific obligation under the reinsurance agreement which is secured by the letter of credit.
- b) All letters of credit and amendments thereto shall be readily available for inspection by Departmental examiners pursuant to Section 132 of the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, par. 744).
- c) Any new or renewal letters of credit shall comply with the requirements of this Part and the Illinois Insurance Code.

**Section 1102.50 Nonrenewal of Letters of Credit**

When a letter of credit is utilized for reinsurance reserve credit, the reinsurance agreement shall provide that in the event of nonrenewal of the letter of credit, the ceding insurer may withdraw the balance of the letter of

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credit. Any such fund withdrawn shall be placed in trust to secure the continuing obligations under the reinsurance contract until a renewal letter of credit or a substitution thereof, has been received by the ceding insurer in compliance with the provisions of this Part and the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, pars. 613 et seq.).

**Section 1102.60 Severability**

If any provision of this Part or an application thereof to any person or circumstance is held invalid by a court of competent jurisdiction, the other provisions or applications of this Part which can be given effect without the invalid provision or application shall not be thereby affected, and to this extent the provisions of this Part are severable.

DEPARTMENT OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: Services Charges

2) Code Citation: 59 Ill. Adm. Code 106

Section Numbers:	Adopted Action:
106.65	Amended
106.85	Amended

4) Statutory Authority: Implementing Chapter 5 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-100 et seq.) and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-104) and Section 5 of "AN ACT codifying the powers and duties of the Department of Mental Health and Developmental Disabilities" (Ill. Rev. Stat. 1987, ch. 91½, par. 100-5).

5) Effective Date of Amendments: October 31, 1988

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 24, 1988

9) Notice of Proposal Published in Illinois Register:

July 29, 1988, 12 Ill. Reg. 12154

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version:

In the authority note, line 1, "Sections 5-100 et seq." has been changed to "Chapter 5." In lines 3 and 4, closing parentheses have been added following "seq." and following "811."

In Section 106.85(b) the indent level of subsections (1) and (2) has been moved to the left ½ inch.



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- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes. The Department agreed to initiate rulemaking to amend Section 106.15 to incorporate a definition of the "Ill-I, Financial Questionnaire," within 30 days. The proposed amendment appears on page \_\_\_\_\_ of this issue of the Illinois Register.

- 13) Will these amendments replace an emergency amendment currently in effect?  
No

- 14) Are there any amendments pending on this Part? Yes

Section Number	Proposed Action	Illinois Register Citations
106.15	Amended	12 Ill. Reg. _____

- 15) Summary and Purpose of Amendments:

Sections 106.65 and 106.85 are being amended to provide clarity and consistency in practice by and instruction to Department staff charged with the responsibility of making decisions regarding the assessment determination and establishment of liability for services charges.

Section 106.65 identifies unusual and/or exceptional circumstances which are to be taken into consideration during the determination of the measure of a responsible individual's ability to pay service charges. The recommended revisions result in the following:

1. Inclusion of all income and assets belonging to a recipient as a measure of ability to pay.
2. Extending to the recipient responsibility of verification for unusual and/or exceptional circumstances indicated.

Section 106.85 describes the methodology used in computing monthly costs of service charges. The recommended revisions result in the following:

1. Proper methodology currently used for recipient billing of service charges.
2. Proper methodology used for responsible relative billing of service charges.

## NOTICE OF ADOPTED AMENDMENTS

- 16) Information and questions regarding these adopted amendments shall be directed to:

Name: Gary Anderson, Supervisor  
Cost Accounting and Reimbursements Section  
Address: 400 Stratton Building  
Springfield, IL 62706  
Telephone: (217)782-0053

The full text of the Adopted Amendments begins on the next page:

TITLE 59: MENTAL HEALTH  
CHAPTER I: DEPARTMENT OF MENTAL HEALTH  
AND DEVELOPMENTAL DISABILITIES

PART 106  
SERVICES CHARGES

- Section 106.10 Estates of recipients admitted to state hospitals (repealed)
- 106.11 Definitions
- 106.15 Maximum charges for treatment (repealed)
- 106.20 Charges for services
- 106.25 Liability for treatment charges (repealed)
- 106.30 Liability for services charges
- 106.35 Determination of ability to pay treatment charges (repealed)
- 106.40 Standards for ability to pay treatment charges (repealed)
- 106.45 Allowances for unusual expenses or circumstances in determining ability to pay treatment charges (repealed)
- 106.50 Allowances for unusual expenses and/or exceptional circumstances in determining ability to pay services charges
- 106.65 Petition for release from or modification of treatment charges (repealed)
- 106.70 Petition for release from or modification of services charges
- 106.75 Computing costs of hospitalization of recipients (repealed)
- 106.80 Computing monthly costs of recipient services charges of recipients
- 106.85 Partial payment of cost of maintenance for certain mentally ill retarded persons in licensed private facilities (repealed)
- 106.90 Partial payment of costs of maintenance for certain mentally ill children in licensed private facilities (repealed)
- 106.100 106.TABLE A - Responsible Relative Liability

AUTHORITY: Implementing Sections 5-100 et seq. Chapter 5 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, pars. 5-100 et seq.), and Section 11 of the Mental Health and Developmental Disabilities Confidentiality Act (Ill. Rev. Stat. 1987, ch. 91½, par. 811), and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1987, ch. 91½, par. 5-104) and Section 5 of "AN ACT codifying the powers and duties of the Department of Mental Health and Developmental Disabilities" (Ill. Rev. Stat. 1987, ch. 91½, par. 100-5).

SOURCE: Filed effective October 1, 1969; codified at 5 Ill. Reg. 10721; amended at 6 Ill. Reg. 879, effective January 15, 1982; emergency amendment at 7 Ill. Reg. 13690, effective October 1, 1983 for a maximum of 150 days;

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NOTICE OF ADOPTED AMENDMENTS

amended at 8 Ill. Reg. 22555, effective November 7, 1984; amended at 11 Ill. Reg. 17197, effective October 9, 1987; amended at 12 Ill. Reg. 10472, effective June 7, 1988; amended at 12 Ill. Reg. 18158, effective October 31, 1988

NOTE: Bold-face type denotes statutory language.

Section 106.65 Allowances for unusual expenses and/or exceptional circumstances in determining ability to pay services charges

- a) If an examination or re-examination reveals unusual and/or exceptional circumstances which indicate that the responsible relative's or recipient's adjusted gross income as reported on his/her most recent U.S. Individual Income Tax Return or the recipient's income and assets as reported on schedules B and C of the Ill.-I. Financial Questionnaire is not an adequate measure to determine ability to pay services charges according to the schedule of charges in Table A; in accordance with Sections 106.25 and 106.45, allowances for the unusual and/or exceptional circumstances listed below shall be made in the application of the schedule of charges in Section 106.106.TABLE A.

- 1) Unemployment;
- 2) Provable reduction in income;
- 3) Additional dependents;
- 4) Medical and related costs over the amounts covered by insurance;
- 5) Unforeseen catastrophic expenses.
- 6) Undue hardship created by excessive increase in liability is limited to 100% prior year assessment applicable only to those assessed prior to July 1, 1984.

- b) The responsible relative All individuals requesting allowance due to subsection (a) above must furnish proof of the unusual and/or exceptional circumstances.

(Source: Amended at 12 Ill. Reg. 18158, effective October 31, 1988)



DEPARTMENT OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

NOTICE OF ADOPTED AMENDMENTS

Section 106.85 Computing monthly costs of recipient services charges of recipients

The liability of recipients, the estates of recipients and that of responsible relatives for services charges in Department mental health and developmental disabilities facilities shall be computed in the following manner:

- a) When a recipient is in a Department facility for a full calendar month, the liability is determined by multiplying the per diem rate by the number of days in the month.

Monthly liability established against recipients of services is determined by multiplying the per diem rate by the number of actual days of service received by the recipient during the month.

- b) For any fraction of a month, the liability of a recipient shall be determined by multiplying the per capita rate by the number of days the recipient received services for the month.

Monthly liability established against responsible relatives is determined by:

- 1) The full month's assessed charge whenever the service recipient's stay at the facility is continuous for the month,  
or

- 2) Multiplying the per diem equivalent by the number of actual service days whenever the recipient's stay is less than the full month.

(Source: Amended at 12 Ill. Reg. 18158, effective October 31, 1988 )

DEPARTMENT OF NUCLEAR SAFETY

NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: ACCREDITING PERSONS IN THE PRACTICE OF MEDICAL RADIATION TECHNOLOGY

2) Code citation: 32 Ill. Adm. Code 401

3) Section numbers: 401.100 Adopted Action:  
401.170 Amendment  
New Section

4) Statutory Authority: Implementing and authorized by Sections 4, 4.1, 4.2 and 9 of the Radiation Protection Act (Ill. Rev. Stat. 1987, ch. 111, pars. 214, 214.1, 214.2 and 219).

5) Effective Date of Amendments: January 1, 1989

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: October 27, 1988

9) Notices of Proposal Published in Illinois Register:

July 29, 1988, 12 Ill. Reg. 12159

10) Has JCAR issued a Statement of Objections to this rule? No

11) Difference(s) between proposal and final version:

- a) In the main Source Note, a comma has been placed after "21086".
- b) In Section 401.100(b)(1), lines 13 and 14, the Department has changed the reference "Section 401.100(a)" to "subsection (a)".
- c) In Section 401.100(d), lines 13 and 14, the Department has added a comma following the year in the date specified. On lines 22 and 24, the Department has changed the reference "Section 401.100(f)" and "Section 401.100(d)", respectively, to "subsection (f)" and "subsection (d)", respectively. On lines 24 and 25 the following phrase has been deleted "as adopted by emergency action at 8 Ill. Reg. 17584, effective September 12, 1984, for a maximum of 150 days), and as specified in this adopted rule" and the phrase "as specified in this adopted Part)." has been inserted.
- d) In Section 401.170(a), line 2, the Department has changed the reference "Section 401.170(c)" to "subsections (c) and (d)".

DEPARTMENT OF NUCLEAR SAFETY  
NOTICE OF ADOPTED AMENDMENTS

(e) In Section 401.170(b)(1), "nonDepartmental" has been changed to "nondepartmental".

(f) In Section 401.170(c), by rewriting lines 1 and 2 as follows:

"Civil Penalties shall be assessed against persons who perform medical radiation procedures without accreditation (i.e., unaccredited technologists) as follows:"

(g) In Section 401.170(e), the Department provided a complete cross reference to Section 200.60 of its hearing rules. Subsection (e) now reads as follows:

"The Department shall impose civil penalties by issuing a Preliminary Order and Notice of Opportunity for Hearing as provided in 32 Ill. Adm. Code 200.60. Each day the violation continues shall constitute a separate offense."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: The Department is amending the rule by adding a new Section 401.170 to provide procedures for assessment of civil penalties against persons who administer radiation to humans without accreditation and against their employers. This amendment will increase the enforcement capabilities of the Radiologic Technologist Accreditation Program. This amendment also deletes the reference to "licensed persons" which was inadvertently placed in Section 401.100(c).

16) Information and questions regarding this adopted amendment shall be directed to:

Betsy Salus  
Staff Attorney  
Department of Nuclear Safety  
1035 Outer Park Drive  
Springfield, Illinois 62704  
785-9880

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF NUCLEAR SAFETY  
NOTICE OF ADOPTED AMENDMENTS

TITLE 32: ENERGY  
CHAPTER II: DEPARTMENT OF NUCLEAR SAFETY  
SUBCHAPTER b: RADIATION PROTECTION

PART 401

ACCREDITING PERSONS IN THE PRACTICE OF MEDICAL RADIATION TECHNOLOGY

Section	Policy & Scope
401.10	Definitions
401.20	Exemptions
401.30	Application for Accreditation
401.40	Categories of Accreditation
401.50	Examination Requirements
401.60	Acceptable Examinations
401.70	Approved Program
401.80	Practice Requirement - Initial Licensure (Repealed)
401.90	Initial Issuance of Accreditation
401.100	Duration of Accreditation
401.110	Suspension and Revocation of Accreditation
401.120	Fees
401.130	Requirements for Renewal of Accreditation
401.140	Reciprocity
401.150	Minimum Course of Education (Repealed)
401.160	Civil Penalties
401.170	

AUTHORITY: Implementing and authorized by Sections 4, 4.1, 4.2 and 9 of the Radiation Protection Act (Ill. Rev. Stat. 1987, ch. 111½, pars. 214, 214.1, 214.2 and 219).

SOURCE: Adopted at 7 Ill. Reg. 17318, effective January 1, 1984; Emergency amendment at 8 Ill. Reg. 17584, effective September 12, 1984, for a maximum of 150 days; amended at 9 Ill. Reg. 2499, effective February 13, 1985; amended at 10 Ill. Reg. 13259, effective July 28, 1986; amended at 10 Ill. Reg. 21086, effective January 1, 1987; amended at 11 Ill. Reg. 15623, effective September 11, 1987; Emergency amendment at 11 Ill. Reg. 19797, effective November 24, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 7603, effective April 18, 1988; amended at 12 Ill. Reg. 18164, effective January 1, 1989.

Section 401.100 Initial Issuance of Accreditation

- The Department shall issue Active Status Accreditation in a category of medical radiation technology to persons who have passed an examination as indicated in Section 401.70(b). Active Status Accreditation issued after January 1, 1988, shall be valid for two years from the date of issuance.



DEPARTMENT OF NUCLEAR SAFETY  
NOTICE OF ADOPTED AMENDMENTS

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## b) Temporary Accreditation

- 1) The Department shall issue Temporary Accreditation in a category of medical radiation technology and chiropractic radiography to persons who are awaiting an examination in accordance with Section 401.70(b) and have completed an approved program. Applicants for Temporary Accreditation must provide specific evidence of the intent to take such an examination, the category of examination to be taken, and the date on which the examination will be taken. Temporary Accreditation shall convey the same rights as the Active Status Accreditation for which the individual is awaiting examination. Temporary Accreditation shall be valid until such time as the individual successfully completes the appropriate examination and applies for and is issued Active Status Accreditation in accordance with Section 401.100 subsection (a), but in no instance longer than twenty-four (24) months from the date of issuance for medical radiation technology and no longer than twelve (12) months from the date of issuance for chiropractic radiography.

- 2) The Department will not issue Temporary Accreditation in podiatric radiography.

- c) The Department shall issue Conditional Accreditation Type I in a category of medical radiation technology upon determining that community hardship exists. When making a determination of the existence of community hardship, the Department will consult Health Systems Agencies or County or Local Health Departments, and will evaluate the availability of alternative radiology services and trained personnel. In addition, the Department shall require the applicant's employer or prospective employer to demonstrate that recruitment of qualified personnel, at competitive compensation, has been attempted and unsuccessful. Such demonstration can take the form of documented advertising in publications intended to reach radiologic technologists. If based on the information submitted, the Department determines that qualified personnel cannot be recruited, and that the people in the locality in which the conditional accreditation is sought would be denied adequate health care because of the unavailability of appropriately accredited or licensed persons, the Department shall issue Conditional Accreditation Type I which shall be valid for a period of twenty-four (24) months from the date of issuance.

- d) The Department shall issue Conditional Accreditation Type II in a category of medical radiation technology to any person who, during not less than twenty-four (24) of the forty-eight (48) months immediately preceding January 1, 1984, was employed in medical radiation

technology and who otherwise does not meet the qualifications for accreditation. Conditional accreditation under this provision shall not be issued to any applicant whose application is filed after August 31, 1988. An application is filed on the date that it is actually received by the Department or on the date it is postmarked by the United States Postal Service, whichever is earlier. The Department shall issue Conditional Accreditation Type II in a category of medical radiation technology to any person who, during not less than three (3) years prior to January 1, 1980, and during not less than twelve (12) months between January 1, 1980, and December 31, 1983, inclusive, was employed in medical radiation technology and who otherwise does not meet the qualifications for accreditation. Conditional accreditation issued pursuant to this Section shall be valid for five years from date of issuance. Issuance shall be contingent upon submitting a written Statement of Assurance that the person is competent to apply ionizing radiation to human beings. Persons who hold a two-year license (which was issued pursuant to Section 401.100 subsection (f) as adopted at 7 Ill. Reg. 17318, effective January 1, 1984), or a two-year accreditation (which was issued pursuant to Section 401.100(d) as adopted by emergency action at 8 Ill. Reg. 17584, effective September 12, 1984, for a maximum of 160 days), and as specified in this adopted rule, subsection (d), and as specified in this adopted Part), shall have that credential extended for three years, without fee, upon submitting a written Statement of Assurance that the person is competent to apply ionizing radiation to human beings. A Statement of Assurance submitted to the Department in accordance with this Section shall specify the nature of the equipment and procedures which the individual is competent to utilize. The Statement of Assurance must be provided by a licensed practitioner under whose supervision the individual is employed or has been employed at some time within the last twelve months. Conditional accreditation which is issued pursuant to this Section shall be specific to the procedures and equipment indicated in the Statement of Assurance. An individual who is accredited in accordance with this Section may expand the accreditation to additional procedures and/or equipment by receiving training in accordance with Section 401.30(c)(3). After such training, the individual may submit an additional Statement of Assurance from a licensed practitioner under whose supervision the individual is employed as to the additional equipment and procedures which the individual is competent to utilize. However, an individual may not become accredited pursuant to these provisions for equipment or procedures outside of those in the category of Initial accreditation. Nothing in this Section should be interpreted to limit an individual's right to make application for and be issued Active Status Accreditation in accordance with Section 401.100 subsection (a).

(Source: Amended at 12 Ill. Reg. 18164, effective January 1, 1989 )  
Section 401.170 Civil Penalties

a) The Department shall assess civil penalties, in accordance with subsections (c) and (d), against any person who performs, and against the operator of the radiation installation where a person performs, medical radiation procedures without valid accreditation, unless the person performing the medical radiation procedures is specifically exempt from the accreditation requirements as specified in Section 401.30.

b) Prior to assessing civil penalties, the Department shall confirm the violation of the accreditation requirements by:

- 1) Observation of the violation by a Departmental Inspector or nondepartmental inspector;
- 2) Obtaining records, documents, or other physical evidence;
- 3) Obtaining statements from either the employer, or the employee which confirm the existence of the violation; or
- 4) Obtaining statements from third parties, e.g., patients or co-workers, that corroborate the allegation that a violation has occurred.

c) Civil Penalties shall be assessed against persons who perform medical radiation procedures without accreditation (i.e., unaccredited technologists) as follows:

- 1) First violation by an unaccredited technologist - \$250.
- 2) Second violation by an unaccredited technologist - \$500.
- 3) Third and subsequent violations by an unaccredited technologist - \$1,000.

d) Civil Penalties shall be assessed against the operators of a radiation installation where a person performs medical radiation procedures without valid accreditations as follows:

- 1) First violation by an operator - \$500.
- 2) Second and subsequent violations by an operator - \$1,000.

e) The Department shall impose civil penalties by issuing a Preliminary Order and Notice of Opportunity for Hearing as provided in 32 Ill. Adm. Code 200.60. Each day the violation continues shall constitute a separate offense.

f) Failure of an operator of a radiation installation to abate an accreditation violation or to pay a properly assessed civil penalty, shall cause the Department to issue an order prohibiting the use of any source of radiation at the installation until such time as the violation has been abated and all assessed civil penalties have been paid.

(Source: Added at 12 Ill. Reg. 18164, effective January 1, 1989 )



DEPARTMENT OF NUCLEAR SAFETY  
NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: REQUIREMENTS FOR THE DISPOSAL OF LOW-LEVEL RADIOACTIVE WASTE AWAY FROM THE POINT OF GENERATION
- 2) Code citation: 32 Ill. Adm. Code 606
- 3) Section numbers: Adopted Action:  
606.30 Amendment  
606.80 Amendment
- 4) Statutory Authority: Implementing and authorized by Section 6 of the Illinois Low-Level Radioactive Waste Management Act (Ill. Rev. Stat. 1987, ch. 111, par. 241-6).
- 5) Effective Date of Amendments: October 31, 1988
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? Yes

The Joint Committee on Administrative Rules issued an approval form for the incorporations by reference when this rule was originally proposed. The Department has only updated the year of issue for the incorporations, therefore, the Joint Committee did not reissue an approval form.

- 8) Date Filed in Agency's Principal Office: October 27, 1988

- 9) Notices of Proposal Published in Illinois Register:

July 29, 1988, 12 Ill. Reg. 12166

- 10) Has JCAR issued a Statement of Objections to this rule? No

- 11) Difference(s) between proposal and final version: The Department has changed the proposed rules in the following manner:

- a) In Section 606.30(b)(4)(C)(i) and (ii), by deleting the phrase "codified as of".
- b) In Section 606.30(b)(6)(D), by deleting the word "its" and inserting the phrase "the structural reinforcement's".
- c) In Section 606.80(c)(1)(D), line 2, by adding an "s" to the word "requirement".
- d) In Section 606.80(d), by correcting the word "transfer" to "transfer".

DEPARTMENT OF NUCLEAR SAFETY  
NOTICE OF ADOPTED AMENDMENTS

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this amendment replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: The amendment to Section 606.30(b)(6)(D) was proposed by the Department to allow structural reinforcement to be considered when designing and constructing disposal modules made of manufactured materials to insure that the tensile stress will not exceed the level that will cause the manufactured materials to fail. The Department is also amending Sections 606.30(b)(6)(H) and 606.80(a)(2) to incorporate language which the Department and the Joint Committee on Administrative Rules previously agreed to, but was inadvertently omitted during the last rulemaking activity.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Betsy Salus  
Staff Attorney  
Department of Nuclear Safety  
1035 Outer Park Drive  
Springfield, Illinois 62704  
785-9880

The full text of the Adopted Amendment begins on the next page:

Section	
606.10	Scope
606.20	Definitions
606.30	Requirements for Design, Construction, Operation, Monitoring, and Maintenance of the Low-Level Radioactive Waste Disposal Facility
606.40	Recordkeeping Requirements
606.50	Technical Qualifications of Personnel
606.60	Financial Responsibility of Facility Operator
606.70	Contingency Plan and Emergency Procedures
606.80	Closure, Post-Closure, Maintenance, and Institutional Care
606.90	Emergency Closure

AUTHORITY: Implementing and authorized by Section 6 of the Illinois Low-Level Radioactive Waste Management Act (Ill. Rev. Stat. 1987, Ch. 111½, par. 241-6).

SOURCE: Adopted at 12 Ill. Reg. 4824, effective March 1, 1988; amended at 12 Ill. Reg. 1817, effective October 31, 1988.

Section 606.30 Requirements for Design, Construction, Operation, Monitoring, and Maintenance of the Low-Level Radioactive Waste Disposal Facility

- a) Design and Construction of the Facility - Performance Objectives
- The disposal facility shall be designed and constructed, based on accepted engineering principles and practices, to further the following performance objectives:
- 1) The design and construction of the disposal facility shall utilize the best available technology that is economically reasonable, technologically feasible, and environmentally sound for disposal of waste (Section 6 of The Act).
  - 2) The design of the disposal facility must be compatible with the expected waste characteristics, methods of operation, and proposed methods of closure and stabilization and shall demonstrate that the requirements of 32 Ill. Adm. Code 601 will be met.

- 3) The facility design shall allow closure in a manner that isolates the wastes and waste constituents and that requires only minor custodial care to assure long term performance.
- 4) The disposal facility shall be designed and constructed to provide for the complete containment of waste and waste constituents.
- 5) The disposal facility shall be designed and constructed to allow remedial action, if necessary. Achievement of this objective shall not be accomplished by compromising, or in any way lessening, the ability of the disposal facility to satisfy the performance objectives and requirements of this Part and of 32 Ill. Adm. Code 601.
- 6) Disposal units shall be designed so that their engineered components will maintain their structural integrity and prevent release of waste and waste constituents.

b) Design and Construction of the Facility - Requirements

- 1) The disposal facility design shall not incorporate the use of shallow land burial or underground injection wells and shall provide for the use of above-ground modules or other designs to provide greater and safer confinement of low-level radioactive waste. The disposal facility shall meet the licensing requirements of 32 Ill. Adm. Code 601.
- 2) The facility shall be designed to accept waste for disposal for a period of at least 50 years. Requisite capacity shall be based on volume and activity projections available from the Department pursuant to Section 4 of The Act. The facility shall be designed to accommodate waste generated during the decommissioning of nuclear power stations in Illinois.
- 3) The facility shall be designed for the disposal of both low-level radioactive waste and mixed waste.
- 4) Support buildings (i.e., buildings at the facility other than those in which waste is disposed of) at the facility shall meet the following requirements:
  - A) All buildings shall be designed and constructed to be permanent in nature with an estimated lifetime of at least 60 years.



## DEPARTMENT OF NUCLEAR SAFETY

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B) During the operational period of the facility, trailers and temporary buildings shall be limited to 12 months on site.

C) Buildings shall be designed, constructed and maintained in accordance with the following standards:

i) "Occupational Safety and Health Standards" of the Occupational Safety and Health Agency, 29 CFR 1910, Subparts A - Q and Subpart S, ~~revised as of April 1, 1987~~, exclusive of subsequent amendments. A copy of this material is available for inspection at the Department.

ii) "Safety and Health Regulations for Construction" promulgated by the Occupational Safety and Health Administration, 29 CFR 1926, ~~revised as of April 1, 1987~~, exclusive of subsequent amendments. A copy of this material is available for inspection at the Department.

iii) Uniform Building Code, published by the National Conference of Building Officials, current as of 1985, exclusive of subsequent amendments or editions. Copies of this Code can be obtained directly from the National Conference of Building Officials, 5360 S. Workman Mills Road, Whittier, CA 90601. A copy of this code is also available for inspection at the Department.

iv) Uniform Mechanical Code, published by the National Conference of Building Officials, current as of 1985, exclusive of subsequent amendments or editions. Copies of this Code can be obtained directly from the National Conference of Building Officials, 5630 S. Workman Mills Road, Whittier, CA 90601. A copy of this code is also available for inspection at the Department.

v) National Electric Code, published by the National Fire Protection Association, current as of 1984, exclusive of subsequent amendments or editions. Copies of this can be obtained directly from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269. A copy of this code is also available for inspection at the Department.

## DEPARTMENT OF NUCLEAR SAFETY

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vi) Minimum Design Loads for Buildings and Other Structures, ANSI A 58.1, 1982, published by American National Standards Institute, current as of 1982, exclusive of subsequent amendments or editions. Copies of the standard can be obtained directly from the American National Standards Institute, 1430 Broadway, New York, New York 10018. A copy of the standard is also available for inspection at the Department.

vii) Local Building Codes.

viii) In the event that two or more building standards conflict or apply, the most stringent standard shall be met.

5) The disposal unit shall be designed and constructed to withstand all natural phenomena, such as precipitation, earthquakes, and tornadoes, which are expected to occur for five hundred years.

6) The disposal unit shall meet the following design requirements:

A) Disposal modules shall be designed and constructed to incorporate multiple engineered safety features, such as, but not limited to, placing a cover over disposal modules, using backfill that adds structural strength to the module, and reinforcing modules with manufactured materials that are independently monitored and that provide structural support, prevent the release of waste and waste constituents, and prevent inadvertent intrusion (See 32 Ill. Adm. Code 601.20);

B) The disposal unit shall be modular, incorporating design elements that will allow operation of the facility in such a manner that the amount of waste on site that is not yet permanently disposed of, as well as the time that waste is held on site prior to disposal, will be minimized;

C) Disposal modules must be designed and constructed to accommodate waste that cannot be packaged in standard containers, e.g., reactor components, contaminated steel;

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D) Disposal modules made of manufactured materials must be designed and constructed, using accepted engineering principles and practices, to ensure that, ~~respective of any support provided by steel or other structural reinforcement, the tensile stress in the manufactured materials never exceeds the level that will cause the materials to fail.~~ Any support provided by structural reinforcement, such as steel or rebar, shall be taken into account only if the structural reinforcement is designed and constructed to ensure maintenance of the structural reinforcement's minimum required strength for the entire design life of the disposal module;

E) Disposal modules must be designed to maintain their structural integrity regardless of the physical form of the waste;

F) Disposal modules shall be designed and constructed so that water cannot infiltrate and remain in contact with waste packages;

G) Disposal modules must be constructed of materials that will not interact with each other, any surrounding earth, backfill, any cover material, or base grade material in such a manner as to compromise the ability of the materials to perform their intended function;

H) If intruder barriers are required by 32 Ill. Adm. Code 601.250(b), disposal modules must be designed and constructed, using accepted engineering practices, with intruder barriers designed to last at least 500 years;

I) Mixed waste shall be disposed of in modules that are designed, constructed, operated, closed, and monitored in compliance with both 32 Ill. Adm. Code 601 and 35 Ill. Adm. Code 724; and

J) Disposal module design shall allow characterization, modeling, analysis, and evaluation of the module's capability to contain waste.

c) Operation and Maintenance - Performance Objective

The low-level radioactive waste disposal facility shall be operated in a manner that reduces the risks associated with radiation to workers and the general public to levels that are as low as is reasonably achievable.

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d) Operation and Maintenance - Requirements

1) The facility shall be operated in compliance with following requirements applicable to licensees of the Department: 32 Ill. Adm. Code 200, 310, 320, 330, 340, 341, 400, and 601.

2) Waste shall not be disposed of at the facility unless the waste complies with the applicable waste form standards.\* Any waste received that is not in compliance with these standards shall either be treated prior to disposal or returned to the generator or broker, provided the waste packages comply with the packaging requirements of 32 Ill. Adm. Code 341. Wastes may be treated at the disposal facility only if the operator is licensed to engage in treatment activities. If the waste packages are not in compliance with the 32 Ill. Adm. Code 341, the operator shall either repack the waste for return or treat the waste so that it is in a form which is acceptable for disposal. The generator or broker who shipped the waste to the disposal facility shall be liable for any expense incurred due to repackaging or processing unacceptable waste forms, or for expenses incurred in shipping the waste back to the generator if required.

\*AGENCY NOTE: Pursuant to Section 7 of the Low-Level Radioactive Waste Management Act (Ill. Rev. Stat. 1985 1987, ch. 111, par. 241-7), the Department will be promulgating rules setting forth waste form standards.

3) Waste shall not be disposed at the facility unless the waste is accompanied by a proper manifest. In the event that waste is received at the facility without a proper manifest, the operator shall notify the Department and contact the shipper to obtain a proper manifest. In the event that a proper manifest cannot be obtained, the facility operator shall take such other action as the Department requires, such as, but not limited to, analyzing the contents of the unmanifested shipment and preparing a manifest reflecting the results, and with the approval of the Department, based on requirements contained in the license and the Department's rules, disposing of the waste, in accordance with the requirements imposed by the facility license, at the shipper's expense.

4) The facility shall be operated so that no person outside the facility boundary receives a radiation dose in excess of 1 millirem per year to the whole body as a result of the facility operations.



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- 5) To the extent practicable, wastes shall be disposed of in containers of standard size and shape.
- 6) The facility shall be operated in a manner that reduces the amount of waste on site that has not yet been permanently disposed of and that minimizes the time the waste is held on site prior to disposal.
- 7) The facility operator shall provide personnel, equipment, and procedures for acquiring environmental samples and conducting on-site tests to detect any releases of radionuclides into the air, soil, water, and groundwater, as well as for monitoring radiation exposures to facility personnel in accordance with 32 Ill. Adm. Code 340.2020. In addition, the facility operator shall provide for environmental sampling and testing to detect releases of waste or waste constituents into the air, soil, and water which are either, listed as hazardous in Subpart D of 40 CFR 261, or cause the waste to exhibit any of the hazardous waste characteristics identified in Subpart C of 40 CFR 261. 40 CFR 261 is incorporated as of July 1, 1987, exclusive of subsequent amendments or editions. A copy of 40 CFR 261 is available for inspection at the Department of Nuclear Safety.
- 8) The facility operator shall not accept waste at the facility until the waste shipment has been inspected and approved by the Department, as required by Section 9(e) of The Act. The operator shall provide office space, not smaller than 20 feet by 20 feet, in a building located near the gate where waste is received, to be used by the resident inspector from the Department. The operator will maintain the building and supply electricity, heat, air conditioning, water, and restroom facilities.
- 9) The facility operator shall maintain a direct data link with the Department's offices in Springfield and shall transmit to the Department facility records regarding the receipt, handling, and disposition of low-level radioactive waste as required by this Part.
- 10) The facility operator shall maintain a public documents room.
- 11) The facility operator shall maintain a public information center in the community where the facility is located.

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- 12) The facility operator shall make all records of facility operations available upon request of the Department pursuant to its authority under Section 8 of The Act and Section 8.11 of the Radiation Protection Act (Ill. Rev. Stat. 1986 1987, ch. 111, par. 218.11) and shall provide access to every part of the facility to representatives of the Department.
- e) Facility Monitoring - Performance Objective  
The low-level radioactive waste disposal facility shall include a monitoring system, which, based on accepted engineering principles and practices, is capable of determining compliance with this Part and 32 Ill. Adm. Code 601.
- f) Facility Monitoring - Requirements
  - 1) The disposal facility shall include a monitoring system for detecting releases of radioactive or hazardous material within the disposal modules during facility operations.
  - 2) The disposal facility shall include a monitoring system for detecting releases of radioactive or hazardous materials from the disposal unit.
  - 3) The disposal facility shall include a monitoring system capable of detecting releases of radioactive or hazardous materials from the facility.
  - 4) The disposal facility shall include a monitoring system capable of detecting releases into the air, soil, surface water and groundwater.
- g) Maintenance
  - 1) The facility operator shall conduct a program of in-situ testing of the design and construction of disposal modules. The in-situ testing program shall continue during the period of operation, and closure. The program shall be designed to provide additional information regarding the expected long term performance of the facility, to identify any deficiencies or defects in design and construction of disposal units, and to form the basis for recommending changes on design, construction, and operation of the facility that would increase the safety or efficiency of waste disposal.

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- 2) The facility operator shall, at all times, maintain the facility structures and equipment to promote occupational safety and worker protection, and to assure uninterrupted operation of the facility.

- D) A description of the permissible users of the facility and buffer zone following any closure; and
- E) A description of the monitoring systems to be implemented during the closure, post-closure, and institutional control periods.

(Source: Amended at 12 Ill. Reg. 18171, effective October 31, 1988.)

## Section 606.80 Closure, Post-Closure, Maintenance and Institutional Care

## a) Closure, Post-Closure, Maintenance and Institutional Care - Performance Objective:

- 1) The facility shall be closed in a manner that isolates waste and requires only minor custodial care for ongoing maintenance to assure long term performance.
- 2) The facility shall be closed in a manner which considers future beneficial uses, so documented in the provisions required under 32 Ill. Adm. Code 605, of the site and surrounding areas consistent with 32 Ill. Adm. Code 605.70(b). This objective shall not be accomplished by any method which compromises, or in any way, lessens the ability of the facility to be closed in accordance with other objectives and requirements of this Part and 32 Ill. Adm. Code 601.

## b) Closure, Post-Closure, Maintenance and Institutional Care Requirements:

- 1) Closure Plan - The facility operator shall prepare a closure plan prior to constructing the facility. The plan shall be consistent with the performance objectives of this Part and 32 Ill. Adm. Code 601, and shall include, but need not be limited to the following:
- A) A procedure for disposal of all waste and contaminated equipment remaining on site at the time of closure, removal of structures and equipment, and installation of permanent markers;
- B) An estimate of the funds needed to close the facility, and provisions for assuring the availability of those funds pursuant to 32 Ill. Adm. Code 601 and Section 14(b) of The Act;
- C) A description of how the facility closure will satisfy the performance objectives of this Section and the requirements of 32 Ill. Adm. Code 601;

- 2) Closure Funds - The facility operator shall maintain or provide for the availability of funds sufficient to implement the closure plan. The amount of the funds shall be based on the assumption that an independent contractor other than the facility operator, will be hired to implement the plan. Mechanisms for assuring that closure funds are available are as specified in 32 Ill. Adm. Code 601.310(g).

## 3) Disposal Module Closure:

- A) The facility operator shall close each disposal module as it reaches its designed waste capacity, or sooner, if needed for safe operation, e.g., to avoid unnecessarily subjecting open modules to freeze/thaw cycles, or to avoid unnecessary worker exposures. Closures shall be in accordance with the plan for facility closure and pursuant to a license amendment granted by the Department in accordance with 32 Ill. Adm. Code 601.
- B) The facility operator shall submit an application to the Department for a license amendment to close each disposal module not more than 90 days or less than 30 days prior to any anticipated closure.
- C) Not later than 30 days following any disposal unit closure, the facility operator shall certify in writing to the Department that the disposal unit has been closed in accordance with the requirements of this Part.
- 4) Facility Closure:
- A) The facility operator shall close the facility at the end of its operating lifetime.
- B) Not more than two years nor less than one year prior to anticipated facility closure, the facility operator shall submit an application to the Department for a license amendment to close the facility.



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- C) Upon granting of the license amendment, the facility operator shall close the facility in accordance with the closure plan and the license conditions imposed.
- D) Within six months of completing facility closure, the facility operator shall certify in writing to the Department that the facility has been closed in accordance with the requirements of this Part.
- c) Post-Closure Active Maintenance Requirements:
- 1) Post-Closure Active Maintenance Plan - The facility operator shall prepare, prior to constructing the facility, a plan for active facility maintenance. The plan shall be consistent with the performance objectives of this Part and 32 Ill. Adm. Code 601, and shall include, but need not be limited to:
- A) A procedure for accepting, and evaluating, the performance of both engineered and natural barriers to radionuclide release or migration at the facility.
- B) A procedure for monitoring the air, soil, surface water, and groundwater at the facility site.
- C) A procedure for confirming that the facility will meet the long term performance objectives of this Part or the requirements of 32 Ill. Adm. Code 601.
- D) A procedure for identifying potential failure to meet the performance objectives of this Part or the requirements of 32 Ill. Adm. Code 601.
- E) A procedure for correcting any condition that would result in a failure to meet the performance objectives of this Part or the performance objectives of 32 Ill. Adm. Code 601.
- F) An estimate of the funds needed to implement the plan for a period of ten years.
- 2) Post-Closure Active Maintenance:
- A) The facility operator shall conduct a program for active site maintenance for a ten year period following facility closure.

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## NOTICE OF ADOPTED AMENDMENTS

- B) The operator shall remain at the facility site, inspect and repair engineered barriers, as necessary, maintain site security, and continue the program of facility monitoring and reporting to the Department.
- d) Institutional Care and Monitoring: Requirements
- 1) Institutional Care and Maintenance Plan - The facility operator shall prepare, prior to constructing the facility, a plan for the long term care, maintenance, and monitoring of the facility. The plan shall describe the activities to be taken by the site owner following the ten year period of active maintenance by the facility operator and after transfer of title and custody and termination of the facility license. The plan shall be consistent with the performance objectives of this Part and 32 Ill. Adm. Code 601, and shall include but need not be limited to the following:
- A) A procedure for monitoring the air, soil, surface, and groundwater at the facility site, and in the vicinity of the facility site.
- B) Plans for taking remedial action in the event that the facility fails to meet the performance objectives of this Part and 32 Ill. Adm. Code 601.
- C) An estimate of the costs necessary to carry out the institutional monitoring plan for a period of 300 years.
- D) An estimate of the costs of implementing the remedial action plans.
- e) Transfer of Custody - At the end of the post-closure care and maintenance period, the facility operator shall submit a report to the Department regarding the projected long term performance of the facility and shall apply for a license amendment, in accordance with the requirements of 32 Ill. Adm. Code 601.170, for termination of the license and transfer of title and custody of the facility to the State of Illinois.

(Source: Amended at 12 Ill. Reg. 18171, effective October 31, 1988)

1) The Heading of the Part: CHILD SUPPORT ENFORCEMENT

2) Code Citation: 89 Ill. Adm. Code 160

3) Section Number: Adopted Action: Amendment

4) Statutory Authority: Sections 10-20, 10-21 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 10-20, 10-21 and 12-13)

5) Effective Date of Amendment: November 4, 1988

6) Does this rulemaking contain an automatic repeal date? Yes ☒ No ☐

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 4, 1988

9) Notice of Proposal Published in Illinois Register: August 5, 1988 (12 Ill. Reg. 12770)

10) Has JCAR issued a Statement of Objections to this rule? No

11) Difference(s) between proposal and final version: The parenthetical phrase "(reduced capacity to buy)" was added after "lost purchasing power" in section 160.80(b). The proposed deletion of section 160.80(m) was retracted. This section now appears as 160.80(1).

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an Emergency Amendment currently in effect? No

14) Are there any amendments pending on this part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
160.75	Amendment	September 2, 1988 (12 Ill. Reg. 13899)

15) Summary and Purpose of Amendment: This rulemaking modifies the child support amnesty rule to specify the treatment and distribution of amnesty payments. It also describes when the amnesty charge will be imposed and what circumstances will stay imposition of the charge.

16) Information and questions regarding this adopted amendment shall be directed to:

Name: Myron Brigman, Staff Attorney  
Office of Counseling and Litigation  
Illinois Department of Public Aid

Address: 100 South Grand Avenue East, 3rd Floor  
Springfield, IL 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendment begins on the next page:



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER f: COLLECTIONS

PART 160  
CHILD SUPPORT ENFORCEMENT

## SUBPART A: CHILD SUPPORT ENFORCEMENT

Section  
160.10 Child Support Enforcement Program  
160.20 Assignment of Rights to Support

## SUBPART B: COOPERATION WITH CHILD SUPPORT ENFORCEMENT

Section  
160.30 Cooperation With Support Enforcement Program  
160.35 Good Cause For Failure to Cooperate With Support Enforcement  
160.40 Proof of Good Cause For Failure to Cooperate With Support Enforcement  
160.45 Suspension of Child Support Enforcement Upon Finding of Good Cause

## SUBPART C: ESTABLISHMENT AND MODIFICATION OF CHILD SUPPORT ORDERS

Section  
160.60 Establishment and Modification of Support Obligations

SUBPART D: ENFORCEMENT OF CHILD SUPPORT ORDERS

Section  
160.70 Enforcement of Support Orders  
160.75 Withholding of Income to Secure Payment of Support  
160.80 Amnesty - 20% Charge

## SUBPART E: EARMARKING CHILD SUPPORT PAYMENTS

Section  
160.90 Earmarking Child Support Payments

AUTHORITY: Implementing and authorized by Sections 4-1.7, Article X, 12-4.3, and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 4-1.7, 10-1 et seq., 12-4.3, and 12-13 and 12-13).

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## NOTICE OF ADOPTED AMENDMENT

SOURCE: Recodified from 89 Ill. Adm. Code 112.78 through 112.86 and 112.88 at 10 Ill. Reg. 11928; amended at 10 Ill. Reg. 19990, effective November 14, 1986; emergency amendment at 11 Ill. Reg. 4800, effective March 5, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9129, effective April 30, 1987; amended at 11 Ill. Reg. 15208, effective August 31, 1987; emergency amendment at 11 Ill. Reg. 1563, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 9065, effective May 16, 1988; amended at 12 Ill. Reg. 18185, effective November 4, 1988.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

## Section 160.80 Amnesty - 20% Charge

- a) The definitions of "responsible relatives", "IV-D cases" and "support statutes" contained in 89 Ill. Adm. Code 103.10, 160.10(a) and 160.60(a), respectively, are incorporated herein by reference.
- b) The Department, in accordance with the support statutes, shall impose a one-time charge of 20% of the amount of past-due child support owed on July 1, 1988, by responsible relatives in active IV-D cases, which has accrued under a support order entered by a court or administrative body of this or any other state, on behalf of resident or non-resident persons. The one-time charge shall be imposed for the purpose of restoring lost purchasing power (reduced capacity to buy) and shall be deemed to be interest.
- c) The Department shall send each responsible relative in each IV-D case, which is active and has a past-due account receivable balance between January 1 and July 1, 1988, a notice that a 20% charge shall be imposed upon any amount past-due as of July 1, 1988.
- d) The Department shall provide the responsible relative with a notice at least 30 days prior to imposing the charge, which advance notice shall inform the relative of the following:
- 1) the IV-D case name and identification number;
  - 2) the past-due child support owed on July 1, 1988 before any charges for the month of July are added thereto;

DEPARTMENT OF PUBLIC AID  
NOTICE OF ADOPTED AMENDMENT

Section 160.80 Amnesty - 20% Charge (cont'd.)

- 3) the amount of the charge that will be imposed;
- 4) the date the charge will be imposed; and
- 5) the right, prior to the stated date of imposition:

- A) to prevent imposition of the charge by payment of the past-due child support owed in full; or
- B) to contest the determination that past-due support is owed or the amount of past-due support by requesting a redetermination by the Department.

e) The Department shall provide the responsible relative with notice of the results of the redetermination and of the right, within 30 days from the date of mailing of the notice:

- 1) to prevent imposition of the charge by payment in full of the past-due support found to be owed; or
- 2) to contest the results of the redetermination by requesting a hearing within 30 days from the date of mailing of the notice.

f) The Department shall proceed in accordance with 89 Ill. Adm. Code 104.103 upon receipt of a request for a hearing.

g) The Department shall be stayed from imposing the charge by when either of the following occur before the date for imposition stated in the advance notice described in subsection (d) above:

- 1) a request for:
  - A) a redetermination; or
  - B) a hearing contesting the determination that past-due support is owed or the amount of past-due support; or
- 2) payment in full before expiration of the time for seeking further review of the amount of the

DEPARTMENT OF PUBLIC AID  
NOTICE OF ADOPTED AMENDMENT

Section 160.80 Amnesty - 20% Charge (cont'd.)

past-due support stated in the:

- A) advance notice; or,
  - B) notice of redetermination or hearing results.
- h) The Department shall provide responsible relatives in IV-B cases which become active after July 1, 1988, with the notice described in subsection (d) above, except that the amount subject to the charge shall be that amount past due as of July 1, 1988, that remains past due.

i) The amount subject to the charge for all cases shall be that amount past due as of July 1, 1988, that remains past due as of the date for imposition of the charge stated in the advance notice described in subsection (d) above, shall include unpaid portions of judgments and shall exclude any amounts not yet due under a payment plan established by court or administrative order prior to the date of the advance notice.

j) The Department shall impose the charge when the responsible relative has exhausted his administrative and legal remedies has failed to request a redetermination and has failed to make payment of the past-due amount in full, as described in subsection (g) or when notice is given of the results of the redetermination as described in subsection (e).

k) The Department shall apply all payments first to current and, then to past due and finally to future support obligations, then to the 20% charge. Any amount applied toward the responsible relative's future support obligations at the time the family ceases to receive IV-D services shall be applied to the 20% charge.

l) The Department shall distribute the proceeds of the charge collected in each IV-B case to the family, if such family is not receiving APDC on the date of collection or shall retain the charge if such family is receiving APDC on the date of collection.



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENT

## Section 160.80 Amnesty - 20% Charge (cont'd.)

~~m11~~ The Department shall seek court enforcement of unpaid charges under the support statutes only in connection with other action to enforce an unmet support obligation.

~~m1~~ ~~No action to impose the charge shall be commenced after June 30, 1993.~~

~~e1m1~~ The Department shall publicize the Amnesty program through public service announcements and by other means in a manner calculated to inform as many obligees and obligors as possible of the existence of the program for the purpose of collecting maximum support for children.

(Source: Amended at 12 Ill. Reg. 18185, effective November 4, 1988)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: COLLECTIONS AND RECOVERIES

2) Code Citation: 89 Ill. Adm. Code 165

3) Section Numbers: Adopted Action:

165.40 Amendment  
165.42 New Section

4) Statutory Authority: Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 11-18, 12-4.4 and 12-13)

5) Effective Date of Amendments: November 4, 1988

6) Does this rulemaking contain an automatic repeal date?

Yes X No

7) Do these amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 4, 1988

9) Notices of Proposal Published in Illinois Register:

July 8, 1988 (12 Ill. Reg. 11402)

10) Has JCAR issued a Statement of Objections to these rules?  
No

11) Difference(s) between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? There were no changes

13) Will these amendments replace an Emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
165.70	Amendment	June 17, 1988 (12 Ill. Reg. 10343)
165.100	Amendment	June 17, 1988 (12 Ill. Reg. 10343)

Section	Overpayments
165.10	Determination of Financial Assistance Overpayments
165.20	Types of Food Stamp Overpayment Claims
165.30	Determination of Food Stamp Overpayments
165.40	Establishment of Claims for Food Stamp Overpayments
165.42	Suspension and Termination of Food Stamp Claims
165.50	

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE OVERPAYMENTS FROM CURRENT CASES

Section	Recoupment of Overpayments from Current Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind or Disabled (AABD) and General Assistance (GA) Cases
165.70	

SUBPART C: COLLECTION OF FOOD STAMP OVERPAYMENTS FROM CURRENTLY PARTICIPATING HOUSEHOLDS

Section	Initiating Collection from Currently Participating Households
165.80	
165.82	Methods of Food Stamp Claim Repayment
165.84	Determination of Monthly Allotment Reductions
165.86	Failure to Respond to Initial Demand Letter
165.88	Failure to Comply with Repayment Schedule

SUBPART D: COLLECTION OF OVERPAYMENTS FROM NON-RECIPIENTS

Section	Collection of Overpayments from Persons Not Receiving Financial Assistance or Food Stamps
165.100	
165.102	Demand for Repayment
165.104	Methods of Involuntary Repayment
165.106	Effect of Return to Active Assistance Status

AUTHORITY: Implementing and authorized by Sections 11-18,



## DEPARTMENT OF PUBLIC AID

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12-4.4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, pars. 11-18, 12-4.4 and 12-13).

SOURCE: Recodified from 89 Ill. Adm. Code 102.100 and 102.110 and 89 Ill. Adm. Code 121.200 through 121.208 at 10 Ill. Reg. 21094; amended at 11 Ill. Reg. 10604, effective May 29, 1987; amended at 12 Ill. Reg. 18192, effective November 4, 1988.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

## Section 165.40 Determination of Food Stamp Overpayments

- a) The Department shall determine the amount of a Food Stamp overpayment claim by comparing the correct amount of Food Stamp benefits, if any, the household was entitled to receive, based on actual income and expenses, to the amount actually received, beginning with the month of overpayment. The amount received which is in excess of the correct amount is the amount of the overpayment.

1)a) The determination of an intentional program violation, inadvertent household error, or administrative error overpayment shall not include any amount of overpayment for any month that is more than six (6) years before the discovery date of the overpayment.

2)b) Where intentional failure to report a change in circumstances constitutes the intentional program violation, the first month of overpayment is the month the change would have been effective if it had been reported.

3)c) For inadvertent household error and administrative error overpayments, where the overpayment resulted from an unreported change or the Department's inaction on a reported change, the first month of overpayment is the month the change would have been effective had it been reported or acted on in a timely manner.

b) A claim for intentional program violation is established against the household that contained the individual who committed the act of intentional program violation and that, as a result, received an overpayment. A claim for inadvertent household error

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## Section 165.40 Determination of Food Stamp Overpayments (cont'd.)

or administrative error is established against the household that received the overpayment. If there has been a change in household composition, an intentional program violation claim is established against the household containing a majority of the individuals who were household members at the time the act of intentional program violation occurred or against the household currently containing the individual found to have committed the intentional program violation. If the individual subsequently has changed household, for inadvertent household or administrative error claims, if there has been a change in household composition, the claim is established against the household containing a majority of the individuals who were household members at the time the overpayment resulting from inadvertent household or administrative error occurred. If no household containing a majority of those members, the claim is established against the household containing the head of the household at the time the act of intentional program violation was committed or the head of the household that received the overpayment.

(Source: Amended at 12 Ill. Reg. 18192, effective November 4, 1988)

## Section 165.42

## Establishment of Claims for Food Stamp Overpayments

All adult (age 18 or over) members of a Food Stamp household that receives an overpayment are jointly and severally liable for repayment of the overpayment.

- a) The Department will establish a claim to collect an overpayment against the household that received the overpayment. First priority will be given to collecting claims from currently receiving households.
- b) If there has been a change in household composition since the overpayment, the Department will establish the claim against a currently receiving household in the following order:

- 1) The household that now contains the head of the overpaid household;

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## Section 165.42

Establishment of Claims for Food Stamp Overpayments (cont'd.)

- 2) The household that now contains an adult member of the overpaid household; or
- 3) The household that now contains an adult member of the overpaid household, which currently receives the highest monthly allotment, or, in the case of a claim for an intentional program violation, the highest monthly entitlement.
- c) If there be no currently receiving household against which to establish the claim, the Department will apply the recovery provisions of Subpart D of this Part in accordance with subsection (b) of this Section.

(Source: Added at 12 Ill. Reg. 18192, effective November 4, 1988)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: MEDICAL PAYMENT2) Code Citation: 89 Ill. Adm. Code 1403) Section Numbers: Adopted Action:

140.525 Amendment

140.526 Amendment

140.529 Amendment

4) Statutory Authority: Sections 5-5.5 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 5-5.5 and 12-13)5) Effective Date of Amendments: November 4, 19886) Does this rulemaking contain an automatic repeal date?  
Yes \_\_\_\_\_ X No \_\_\_\_\_7) Do these amendments contain incorporations by reference? No8) Date Filed in Agency's Principal Office: November 4, 19889) Notices of Proposal Published in Illinois Register:

June 3, 1988 (12 Ill. Reg. 9344)

10) Has JCAR issued a Statement of Objections to these rules?  
No11) Differences between proposal and final version: The proposal deleted "Intermediate Care Facilities for the Developmentally Disabled" from Section 140.526(f)(2)(C)(i). On Second Notice, such language was reinstated. Also, on Second Notice the following was added to Section 140.529(e)(2): "The exit conference need not take place immediately upon receipt of the QUP assessment."12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes13) Will these Amendments replace Emergency Amendments currently in effect? No14) Are there any amendments pending on this Part? Yes



NOTICE OF ADOPTED AMENDMENTS

Section Numbers	Proposed Action	Illinois Register Citation
140.2	Amendment	July 15, 1988 (12 Ill. Reg. 11701)
140.3	Amendment	July 15, 1988 (12 Ill. Reg. 11701)
140.7	Amendment	July 15, 1988 (12 Ill. Reg. 11701)
140.9	Amendment	July 15, 1988 (12 Ill. Reg. 11701)
140.19	Amendment	August 12, 1988 (12 Ill. Reg. 12976)
140.100	Amendment	October 14, 1988 (12 Ill. Reg. 16421)
140.110	New Section	July 15, 1988 (12 Ill. Reg. 11701)
140.350	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.362	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.363	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.364	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.367	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.369	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.370	Amendment	April 1, 1988 (12 Ill. Reg. 5958)
140.372	Amendment	April 1, 1988 (12 Ill. Reg. 5958)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section Numbers	Proposed Action	Illinois Register Citation
140.373	Repealed	April 1, 1988 (12 Ill. Reg. 5958)
140.376	Repealed	April 1, 1988 (12 Ill. Reg. 5958)
140.390	Amendment	November 4, 1988 (12 Ill. Reg. 17643)
140.392	Amendment	November 4, 1988 (12 Ill. Reg. 17643)
140.394	Amendment	November 12, 1988 (12 Ill. Reg. _____)
140.400	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.441	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.443	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.445	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.447	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.512	Amendment	July 22, 1988 (12 Ill. Reg. 11995)
140.525	Amendment	October 28, 1988 (12 Ill. Reg. 17172)
140.533	Amendment	May 27, 1988 (12 Ill. Reg. 8887)
140.535	Amendment	June 17, 1988 (12 Ill. Reg. 10348)
140.543	Amendment	June 17, 1988 (12 Ill. Reg. 10348)

Section 140.525

Section Numbers	Proposed Action	Illinois Register Citation
140.560	Amendment	June 17, 1988 (12 Ill. Reg. 10348)
140.570	Amendment	June 17, 1988 (12 Ill. Reg. 10348)
140.582	Amendment	May 27, 1988 (12 Ill. Reg. 8887)
140.583	New Section	May 27, 1988 (12 Ill. Reg. 8887)
140.584	New Section	May 27, 1988 (12 Ill. Reg. 8887)
140.590	Amendment	June 17, 1988 (12 Ill. Reg. 10348)
140.896	New Section	July 15, 1988 (12 Ill. Reg. 11701)

15) Summary and Purpose of Amendments:

Section 140.525

Amendments to this section specify that when a facility receives a type A violation from the Illinois Department of Public Health which results in a conditional license, the facility will be ineligible for Quality Incentive Program (QUIP) payments from the survey date of the violation. Other amendments to this section state that the current levels of achievement for QUIP standards will apply to all reimbursement periods commencing on and after January 1, 1988.

Section 140.526

Amendments to this section identify programming for residents with Alzheimer's Disease and programs for residents with AIDS as possible Intensive Intervention Programs under QUIP. The amendments also delete a reference to intermediate care facilities for the developmentally disabled.

Section 140.529

Amendments shall be directed to:

Amendments to this rule state that a facility must, rather than should, submit a comprehensive explanation of the facility's contentions regarding the QUIP assessment on first and second level reviews. Facilities may also submit documentation to support their position at the first level review

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Thomas D. Toberman  
Address: Division of Medical Programs  
Prescott E. Bloom Building  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62762  
Telephone: (217) 524-7335

The full text of the Adopted Amendments begins on the next page:



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMSPART 140  
MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

Incorporation By Reference  
 140.1 Medical Assistance Programs  
 140.2 Covered Services Under The Medical Assistance Programs  
 140.3 for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP,  
 Individuals Under Age 18 Not Eligible for AFDC and  
 Pregnant Women Who Would Be Eligible if the Child Were  
 Born

140.4 Covered Medical Services Under AFDC-MANG for  
 non-pregnant persons who are 18 years of age or older  
 (Repealed)

140.5 Covered Medical Services Under GA and AMI

140.6 Medical Services Not Covered  
 140.7 Medical Assistance Provided to Individuals Under the  
 Age of Eighteen Who Do Not Qualify for AFDC  
 140.8 Medical Assistance For Qualified Severely Impaired  
 Individuals

140.9 Medical Assistance for a Pregnant Woman Who Would Not  
 Be Categorically Eligible for AFDC/AFDC-MANG if the  
 Child Were Already Born

140.10 Medical Assistance Provided to Incarcerated Persons

## SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

## Section

140.11 Enrollment Conditions for Medical Providers  
 140.12 Participation Requirements for Medical Providers  
 140.13 Definitions  
 140.14 Denial of Application to Participate in the Medical  
 Assistance Program  
 140.15 Recovery of Money  
 140.16 Termination of a Vendor's Eligibility to Participate  
 in the Medical Assistance Program  
 140.17 Suspension of a Vendor's Eligibility to Participate in  
 the Medical Assistance Program  
 140.18 Effect of Termination on Individuals Associated with  
 Vendor  
 140.19 Application to Participate or for Reinstatement  
 Subsequent to Termination, Suspension or Barring

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## Section

140.20 Submittal of Claims  
 140.22 Magnetic Tape Billings  
 140.23 Payment of Claims  
 140.24 Payment Procedures  
 140.25 Overpayment or Underpayment of Claims  
 140.26 Payment to Factors Prohibited  
 140.27 Assignment of Vendor Payments  
 140.28 Record Requirements for Medical Providers  
 140.30 Audits  
 140.35 False Reporting and Other Fraudulent Activities  
 140.40 Prior Approval for Medical Services or Items  
 140.41 Prior Approval in Cases of Emergency  
 140.42 Limitation on Prior Approval  
 140.71 Drug Manual (Recodified)  
 140.72 Drug Manual (Recodified)  
 140.73 Drug Manual Update (Recodified)

## SUBPART C: HOSPITAL SERVICES

## Section

140.94 Hospital Services  
 140.95 Participation  
 140.96 General Requirements  
 140.97 Special Requirements  
 140.98 Covered Hospital Services  
 140.99 Hospital Services Not Covered  
 140.100 Limitation On Hospital Services  
 140.101 Transplants  
 140.102 Heart Transplants  
 140.103 Liver Transplants  
 140.104 Bone Marrow Transplants  
 140.116 Payment for Inpatient Services for GA  
 140.117 Hospital Outpatient and Clinic Services  
 140.200 Payment for Hospital Services During Fiscal Year 1982  
 140.201 Payment for Hospital Services After June 30, 1982  
 (Repealed)  
 140.202 Payment for Hospital Services During Fiscal Year 1983  
 140.203 Limits on Length of Stay by Diagnosis  
 140.300 Payment for Pre-operative Days and Services Which Can  
 Be Performed in an Outpatient Setting  
 140.350 Copayments  
 140.360 Payment Methodology  
 140.361 Non-Participating Hospitals  
 140.362 Pre July 1, 1984 Services  
 140.363 Post July 1, 1984 Services

NOTICE OF ADOPTED AMENDMENTS

Section  
140.364 Utilization Allocation  
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AUTHORITY: Implementing Article III of the Illinois Health  
Finance Reform Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par.  
6503-1 et seq.) and implementing and authorized by Articles  
III, IV, V, VI, VII and Section 12-13 of the Illinois Public  
Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq., 4-1  
et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10,  
1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374,  
effective July 6, 1982; emergency amendment at 6 Ill. Reg.  
8508, effective July 6, 1982, for a maximum of 150 days;  
amended at 7 Ill. Reg. 681, effective December 30, 1982;  
amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at



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7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312,

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effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.914 and 140.915 Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.206 Table A and 147.207 Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89

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Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Section 140.525 Eligibility For Quality Incentive Program (QUIP)

- a) A facility must meet basic eligibility qualifications and Quality Incentive Program (QUIP) standards to be eligible for an incentive payment(s). Staff of the Illinois Department of Public Aid (IDPA) will conduct quality incentive assessments in all skilled nursing facilities (SNF and SNF-PED) and intermediate care facilities (ICF), but excluding intermediate care facilities for the mentally retarded and developmentally disabled (ICF-MR/DD), specialized living centers (SLC), and intermediate care facilities for the mentally retarded and developmentally disabled with fifteen or fewer residents (ICF-MR/DD-15), enrolled in the Medical Assistance Program unless the facility has requested in writing that the Department not conduct the assessment or assess a specific QUIP component. The facilities identified above (ICF-MR/DD, SLC, and ICF-MR/DD-15) for exclusion from the QUIP assessment process will continue to receive QUIP payments for the reimbursement periods January 1, 1988 through June 30, 1988, and July 1, 1988 through December 31, 1988. The QUIP payment amount for each facility will be determined according to the QUIP assessment for the reimbursement period July 1, 1987 through December 31, 1987. Facilities for the developmentally disabled which did not receive a QUIP assessment for this reimbursement period, or did receive such an assessment and did not meet the required achievement level for all parts of QUIP, may request a QUIP assessment for reimbursement periods falling between January 1, 1988 and December 31,

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Section 140.525 Eligibility For Quality Incentive Program (QUIP) (Cont'd.)

1988. Assessments which occur after January 1, 1988 will result in QUIP payments retroactive to January 1, 1988, or the date when all eligibility qualifications are met in the case of facilities which were not operational at the time of QUIP assessments for the reimbursement period July 1, 1987 through December 31, 1987. Compliance with all QUIP eligibility qualifications since January 1, 1988 is required of facilities for the developmentally disabled, which were operational prior to this date, requesting QUIP assessments under these provisions. Requests for such assessments must be submitted (delivered or postmarked) in writing to the Department by September 30, 1988. Intermediate care facilities for the mentally retarded and developmentally disabled (ICF-MR/DD, SLC, and ICF-MR/DD-15) which may request a QUIP assessment are:

- 1) Facilities which did receive a QUIP assessment for the reimbursement period July 1, 1987 through December 31, 1987, but did not meet the achievement level for all parts of QUIP.
  - 2) Facilities which were not in operation at the time of QUIP assessments for the reimbursement period July 1, 1987 through December 31, 1987.
  - 3) Facilities which were ineligible for QUIP at some time in 1987 and have not received QUIP payments in 1988.
- b) In order to be eligible for the Quality Incentive Program, a facility must meet the five following basic qualifications. In the event that a facility is involved in a hearing or appeal regarding Section 140.525(b)(1), (2), or (4), a QUIP assessment will be conducted as regularly scheduled and the results will be handled as specified in Section 140.525(b)(1), (2), or (4).
- 1) Participation in the Medical Assistance Program
    - A) A facility shall be currently certified for participation in the Medicaid program and



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have a current provider agreement as required in Section 140.11 of this Part. If the Department initiates a termination action the Department will withhold QUIP payments effective with the date the facility is notified of the administrative action and continuing during the pendency of the hearing. If the facility prevails at the hearing, and the facility is otherwise eligible for QUIP, the action will not affect the facility's QUIP eligibility, and withheld QUIP payments will be released to the facility. If the facility does not prevail at the hearing, and the facility's provider agreement is terminated or the facility is terminated from the Medical Assistance Program, QUIP payments will not be released, and the facility will be considered ineligible for QUIP as of the date the facility was notified of the administrative action. If the federal government initiates a termination action, QUIP payments will be withheld beginning with the date the action was initiated and continuing during the pendency of any hearing, and will be released only if the facility prevails in the hearing. Ineligibility for QUIP will occur as of the date of initiation of the federal action. Any termination action will disqualify the facility for QUIP for the remainder of the QUIP period (as defined in Section 140.528(a)) as specified above, and will disqualify the facility for QUIP for the subsequent QUIP period(s) until the facility is again eligible under this qualification. When a facility reenters the Medical Assistance Program, and remains in the Medical Assistance Program for the duration of one full QUIP eligibility period it will again be eligible for participation in QUIP.

- B) If a facility voluntarily withdraws from the Medical Assistance Program, the facility will no longer be eligible for participation

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## Eligibility For Quality Incentive Program (QUIP) (Cont'd.)

in QUIP, and QUIP payments will be discontinued as of the date of receipt of the notification to the Department of the voluntary withdrawal.

- 2) A facility shall be currently licensed as required in rules of the Illinois Department of Public Health (IDPH) at 77 Ill. Adm. Code 300.120 through 300.160; 350.120 through 350.160; or 390.120 through 390.160.

A) If IDPH takes any action to revoke, suspend, or not renew a facility's license, the facility shall become ineligible for QUIP as of the effective date of IDPH's action. Such ineligibility shall continue as described in Section 140.525(b)(2)(B) and (C). If the facility administratively appeals IDPH's licensure action, payments will be withheld from the date of the IDPH action and continuing for the duration of the licensure action plus the remainder of the QUIP eligibility period during which the licensure action ends, except as described in Section 140.525(b)(2)(C). If the facility prevails in such appeal, and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP as if no licensure action had occurred. If the facility does not administratively appeal IDPH's licensure action, and the action is overturned, the facility will be eligible for QUIP as if no licensure action had occurred.

- B) If IDPH issues a conditional license to a facility, the facility shall become ineligible for QUIP as of the date of issuance of the conditional license. Such ineligibility shall continue for the duration of the eligibility period during which the conditional license ends. If the facility administratively appeals the issuance of a conditional license with IDPH, payments will be withheld from date of

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issuance of the conditional license and continuing for the duration of the licensure action plus the remainder of the QUIP eligibility period during which the conditional license ends. If the facility prevails in such appeal, and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP as if no conditional license had been issued. If the facility does not administratively appeal the issuance of a conditional license with IDPH, and the conditional license is overturned, the facility will be eligible for QUIP as if no conditional license had been issued.

C) Any licensure action, except a conditional license by IDPH, will disqualify the facility for QUIP for the remainder of the QUIP period (as defined in Section 140.528(d)) as specified above, and will disqualify the facility for QUIP for the subsequent QUIP period(s) until the facility is again eligible under this qualification.

3) Meeting Residents' Needs

A) A facility must be meeting in the aggregate at least 92% of residents' health and habilitation needs. Illinois Department of Public Aid (IDPA) will determine compliance with this screening standard through a review of the results of the Inspection of Care (IOC) assessment which is recorded on the Evaluation of Need for Care forms (DPA 2700 and DPA 2701), as required by Subparts F and G of this Part. The number of unmet needs will be compared to the number of needs identified to verify no more than 8 percent of needs are unmet. These forms document the evaluation of the need for a variety of services that may be rendered to a resident including assistance with activities of daily living and nursing care. If the facility fails to continue to

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satisfy this qualification, as evidenced by an IOC, the facility will lose its eligibility for QUIP effective with the IOC Exit date. The facility will be disqualified for QUIP Payment for the remainder of the QUIP period. If the facility begins to provide at least 92% of residents' needs as evidenced by an IOC and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP for the QUIP period immediately following the IOC.

B) Should the facility fail to satisfy this qualification for needs met, the facility has 30 days to correct needs not met, do not score (see Section 140.909(d)). If the facility corrects needs not met, do not score so that the facility is providing at least 92% of residents' needs, and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP under this qualification as of the date of correction of needs not met, do not score so that no more than eight percent of needs are unmet.

4)

A facility must have no Type A violations, as defined in 77 Ill. Adm. Code 300.330 and Section 1-129 of the Nursing Home Care Reform Act of 1979 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4151-129). A facility will be ineligible for QUIP from the survey date of a Type A violation until the end of the QUIP period. When a Type A violation results in a conditional license from IDPH, the facility will be ineligible for QUIP from the survey date of the violation until eligibility for QUIP can be resumed as determined by the provisions of Section 140.525(b)(2)(B) shall be used to determine when such a facility is again eligible for QUIP. If a facility administratively appeals the Type A violation and/or conditional license, payment shall be withheld according to Section 140.525(b)(2)(B).



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If the Type A violation is reduced or overturned, and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP as if the violation had not occurred.

- 5) In order to qualify for QUIP, a facility must provide reasonable access to Medicaid patients. Access will be considered reasonable when:

- A) Medicaid recipients constitute at least 25% of the facility's average daily census; or
- B) The proportion of Medicaid recipients in the census has increased at least two percentage points over the previous year; or
- C) The facility can demonstrate that it admits patients without regard to income or Medicaid eligibility or to some other criteria which in essence prioritize admissions on the basis of financial resources. The basis for determining priority of admission must be expressed in policy. Records documenting consistent application of the policy must be maintained.
- D) Nothing in this section may be construed as prohibiting preferential treatment of admissions on the basis of diagnosis, religious, ethnic or fraternal associations, county residence or association with a continuing care program. Facilities may accord preference in admission to the above groups as long as they do not discriminate against Medicaid residents within those groups.
- E) If a facility fails to continue to satisfy this qualification by not providing reasonable access to Medicaid recipients as described above, the facility will lose its eligibility for QUIP effective on the last day of the on-site QUIP assessment, and no further QUIP payments will be made for the

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## Section 140.525 Eligibility For Quality Incentive Program (QUIP) (Cont'd.)

remainder of the QUIP period. If the facility provides access as defined above at the time of the subsequent QUIP assessment and the facility is otherwise eligible for QUIP, the facility will be eligible for QUIP under this qualification in the subsequent QUIP period.

## c) Quality Incentive Standards

- 1) A facility shall first meet the eligibility qualifications under Section 140.525(b) of this Part to be eligible for a quality incentive payment(s). The facility shall also meet one or more of five (5) quality incentive standards as set forth in Section 140.526 of this Part. A separate incentive payment is associated with each of the five quality incentive standards. The quality incentive standards are designed to be higher than those for the licensure, certification and inspection of care surveys. The standards expect a higher level of quality of service than necessary to meet minimum certification standards, set forth in 77 Ill. Adm. Code 300, 350 and 390. The standards are targeted at those aspects of a facility's care and services that can have the greatest impact on a resident's health, sense of well-being, and quality of life. Achievement of one or more standards will be based on an assessment using the QUIP assessment instrument.
- 2) A facility shall meet the level of achievement as expressed by a percentage score specified in this Section or as expressed as a number in Sections 140.526(d)(1) and 140.526(f)(2) of this Part to receive the incentive payment associated with a particular quality incentive standard. By attaining the level(s) specified, a facility succeeds in meeting a particular quality incentive standard or section of that standard. The required level of achievement will be phased in over several assessments according to the following schedules: The following levels of

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## Section 140.525

Eligibility For Quality Incentive Program (QUIP) (Cont'd.)

achievement apply to all reimbursement periods commencing on or after January 1, 1988: 80% for QUIP Parts I (Section 140.526(b)), II (Section 140.526(c)), and IV (Section 140.526(e)), and 70% for QUIP Parts III (Section 140.526(d)), and V(A) (Section 140.526(f)(1)) for July 17-1987-through December-31-1987, and January-1-1988-through June-30-1988, reimbursement periods.

(Source: Amended at 12 Ill. Reg. 18198, effective November 4, 1988)

## Section 140.526

Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)

a) The five quality incentive standards and the criteria for each are listed in the following subsections. These criteria shall be evaluated by the Department using a standardized assessment instrument.

- 1) The assessor will evaluate the level of achievement relying on the documentation provided, direct observation and resident and staff interviews.
- 2) The burden of proof rests with the facility to demonstrate the inapplicability of the QUIP standard for any resident through precise documentation in existence at the time of the assessment.
- 3) For purposes of Section 140.526, documentation will mean as written and specified in the required comprehensive care plan, nursing charts, activity records or community contact logs. Documentation will require specificity such that the assessor will not need additional interpretation from facility staff as to the reasonableness of the facility assertion regarding resident choice, needs, capabilities, progress, goals, activities and contacts. Documentation must relate specific information about resident diagnoses or impairment as necessary to support said assertions.

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Section 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)

b) Functional & Sensory-stimulating Environment: This standard requires that the resident's environment promotes maximum independence and physical and mental functioning and lends meaning to life. Achievement of the standard will be demonstrated through on-site observation and evaluation of the facility environment, including the interior and exterior areas of the facility, and the furniture and fixtures in those areas.

1) The QUIP instrument will assign the following maximum points for this standard to each of the following areas:

A) Exterior	18 points
B) Interior - General	18 points
C) Interior - Congregate Areas	36 points
D) Communication Aids	42 points
E) Resident Rooms	30 points
F) Resident Toilet Rooms	24 points
G) Recreation Areas	18 points
H) Dining Area and Meals	18 points

- 2) If a criterion (item) in areas identified in subsections (A), (B), (C), (D), (G) and (H) is not applicable to a facility, the assessor will enter N/A (not applicable) opposite the item on the assessment instrument and award the maximum score possible per item.
- 3) Resident rooms and toilet areas will be evaluated using a two point measurement scale for each attribute for each room observed. Four resident rooms and adjoining toilet rooms in each unit will be evaluated. In addition, four bath rooms will be evaluated unless fewer than four are



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available, in which case all will be evaluated. For other areas of evaluation, scores will be assigned for each criterion on a range of points, where 0 represents that minimum standards are not exceeded, 3 represents that minimum standards sometimes or to a limited degree are exceeded, and 6 represents that standards are greatly or consistently exceeded.

4) Ten criteria will be used to evaluate the eight facility areas identified above, as appropriate. The criteria are:

- A) Facility cleanliness; fresh-smelling; free of dirt, crumbs and clutter; free of stains or spots; in good repair.
- B) Bright and cheerful resident rooms which are personalized and colorful.
- C) Personal possessions in resident's room, such as pictures, furniture, wall-hangings and decorations.
- D) Provision for privacy, i.e., the staff is considerate of resident needs.
- E) Sensory compensating equipment, e.g., large print menus, talking books, visual cues to differentiate areas of home and adaptive equipment aids.
- F) Communication enhancers, e.g., furniture arrangement and communication boards.
- G) Residential atmosphere in congregate living space which promotes mobility and conversation; stimulating and vibrant.
- H) Presence of living things, e.g., pets and plants.

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Quality Incentive Standards and Criteria for  
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(Cont'd.)

I) Special purpose rooms for small and large group gatherings and special activities, e.g., library, including current magazines or newspapers, and music appreciation room. Magazines will be considered current when no more than three months old; newspapers when no more than two days old.

J) Dining area atmosphere, i.e., meals and room promote socialization and self-help and are attractive and appetizing.

C) Resident Participation and Choice: This standard requires that the resident enjoys a full scope of varied activities which offer continuity and opportunities for choice. A facility must meet the level of achievement on both of the following two criteria in order to demonstrate that the standard has been met.

- 1) Quality of the participation: This criterion requires that a quality plan of social/recreational activities will be established for all residents. Achievement will be measured by reviewing a targeted sample of care plans, which will be selected as follows:
  - A) The sample will consist of 10%, but no less than 10 residents and a maximum of 29 residents, unless fewer than 10 residents eligible for review live in the facility, in which case, all of them must be included in the sample. Residents to be targeted for this sample whenever possible are residents who the assessor judges are least likely to have quality plans, as gauged by the assessor's observation of their inactivity, tenure in the facility, unique activity needs or social/behavioral problems.
  - B) A score is derived by determining that the facility has established a quality plan of social/recreational activities. Each of the

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(Cont'd.)

meaningfully involved, as documented by physician orders, are exempt from this assessment.

B) The list of activities which constitute being meaningfully engaged include group activities, verbal interchange or personal interactions with other people, and individual or independent activities. It would not include aimless wandering, being unoccupied but awake in bed and staring into space.

following five attributes of the plan when scored will be weighted equally and achievement determined by identifying the average percent of these attributes present in the social/recreational plans which are reviewed. The plan must be:

- i) related to resident interests and social ties, as expressed by the resident or family or friends of the resident;
- ii) individualized, i.e., the plan differentiates activities for residents based on differences in needs, abilities and interests;
- iii) related to and included in the comprehensive care plan;
- iv) current, i.e., updated at least quarterly or more often as needs change (there must be evidence that goals are adjusted, as needed);
- v) designed to provide opportunities for resident selection of own activities, (or family/guardian participation in the selection, as appropriate).

d) Community and Family Participation: Facilities must demonstrate high levels of community and family involvement in the facility and of resident involvement in the community. A facility must achieve both of the two criteria in order to receive the incentive payment for this standard.

- 1) Level of Participation: The facility must demonstrate that residents are interacting with community representatives or engaged in community work an average of two hours per week per resident. This participation may involve volunteers or family in the facility or residents involved or volunteering in the community. Achievement will be measured by reviewing facility records which document the number of hours and types of hours in which residents are involved in the community or interacting with community visitors during individual months. Two months of the last six will be assessed.

- A) Types of hours which must be documented in a log are:
  - i) Family contact, e.g., home visits or visits from relatives.
  - ii) Volunteer one-on-one visits, personalized contact.

- 2) Level of Resident Participation: This criterion requires that residents are meaningfully engaged in accordance with approved care plans. Achievement will be measured by observing all residents at two distinct periods of peak activity during a day. Those times must be identified by the facility and may vary by day of the week.

- A) Level of achievement will be determined by identifying the percentage of residents meaningfully engaged at peak times. Those residents who are prohibited from being



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- iii) Group contact or presentations, e.g., choirs, speakers and luncheons.
- iv) Residents as volunteers.
- v) Residents outside of the facility (excluding home visits).
- vi) Other contacts.
- 3) The level of contacts calculated to meet the standard has the following restrictions:
  - i) No more than 25% of the contact hours may be family related.
  - ii) Each home visit will count as two contact hours unless the visit is less than two hours in which case, the actual number of hours is counted.
  - iii) No more than 10% of the contact hours may be non-individualized, e.g., group presentations.
  - iv) Hours will not be counted for community visitors required to be in the facility (e.g., therapists and ombudsmen).
  - v) Hours spent outside of the facility in required programs will not be counted (e.g. day programming).

- 2) Quality of Participation. Achievement will be measured by reviewing the types of contacts which the facility has documented. The last six months of records will be reviewed. Achievement will be determined by scoring the contacts according to eight criteria which will be weighted equally. A score of 0 through 6 will be assigned to each criterion, where 0 represents that the criterion is rarely present, 3 represents that criterion is sometimes present, and 6 represents that the

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criterion is consistently present. Level of achievement will be calculated by deriving points earned as a percentage of total points possible. If a criterion (item) in Quality of Participation is not applicable to a facility, the assessor will enter N/A (not applicable) opposite the criterion on the assessment instrument. The maximum score possible per criterion, 6, is multiplied by the number of criterion marked N/A. This score is deducted from the maximum score possible, 48, and the resulting score multiplied by the required percentage (70% or 80%) for the applicable eligibility period to determine the score needed. The eight criteria follow:

- A) Diversity in scope of programs, i.e., varied types of contacts and involvement allow most residents to benefit.
- B) Resident choice of programs, i.e., maximum opportunities for resident selection of types of contacts are available.
- C) Appropriateness of activities to residents' physical, emotional and intellectual needs, i.e., available contacts address resident limitations, and are appropriate to resident capabilities.
- D) Innovativeness, i.e., facility tries new approaches to increase ties to community.
- E) Appropriate involvement of special populations, i.e., facility adapts programs to involve residents with special care needs.
- F) Maintenance of normal relationship of resident to his/her community.
- G) Appropriate mix of activities inside and outside of the facility, i.e., excursions are regularly scheduled.

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Section 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (cont'd)

H) Appropriate level of physically active involvement, i.e., community/resident activities encourage active involvement as well as listening and observing.

e) Resident Satisfaction: A sample of consumers of the facility's services, or family members or guardians, express a high level of satisfaction regarding aspects of the resident's life that the facility affects.

1) The sample will consist of 10%, but no less than 10 residents and a maximum of 29 residents unless fewer than 10 residents eligible for review live in the facility, in which case, all of them must be included in the sample. Eligible residents are those residents with the ability to evaluate the criteria as reflected in the resident's comprehensive care plan or those residents who have representatives to respond in their behalf. Achievement will be measured by interviewing residents in regard to ten criteria. Family members or guardians may be interviewed when residents, as reflected in the comprehensive care plan, cannot comprehend or respond to an interview. The level of achievement will be determined by adding the total points earned in the aggregate and calculating the points earned as a percentage of points possible.

2) For these residents, or their guardians as appropriate, each of the following ten (10) criteria will have the same maximum points. In addition, for each criterion, there will be five equally weighted choices of responses. Points will be assigned based on the degree to which the facility demonstrates the attribute, in the resident's opinion. The criteria for this quality incentive standard include the residents' (or their representatives):

- A) Sense of physical safety;
- B) Perception of facility's cleanliness;

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Section 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (cont'd)

C) Satisfaction with quality of food experience;

D) Satisfaction with effectiveness and responsiveness of health care team;

E) Sense of resident being treated with dignity;

F) Resident retention of freedom of choice;

G) Belief that resident is being assisted to perform activities as independently as possible;

H) Sense of resident continuity with past experience, roles, and persons;

I) Satisfaction with interpersonal relations within the facility (e.g., resident has a confidant who is a staff member); and,

J) Feeling that resident privacy is respected.

f) Effective Patient Care Management: There is a demonstrated emphasis on achievement of care plan goals and provision of intensive intervention programs in the facility. A facility may qualify for either component to receive half of the full incentive payment for the standard. To qualify for the full payment, the facility must meet the requirements for both components.

1) Achievement of care plan goals: A facility will meet this criterion by assisting residents to gain greater functional independence. The criterion requires that care plan goals are established for all residents. Achievement will be measured using a sample of residents as outlined in 140.526(c)(1)(A) of this Part. Achievement will be measured in terms of progress toward goals identified in the last six months. Level of achievement will be determined by calculating the points earned as a percentage of points possible. The IDPA assessor shall review care plans, approve care plan goals and compare resident functioning to care plan goals.



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Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (cont'd)

- A) Goals will be selected that are appropriate to the resident. At a minimum, two physiological, one psychological and one sociological goal must be selected.
- B) A facility receives two (2) points for each of five goals achieved for each resident; one (1) point when movement toward the goal is made but the goal is not achieved; and zero (0) points when no movement is achieved.
- 2) Intensive intervention programs: A facility must implement intensive nursing and related programs appropriate to the resident population from the list of ten categories in Section 140.526(f)(2)(B) of this Part. For the June 1985, assessment, three programs are required. For assessments after July 1, 1985, four programs are required. The facility must identify the programs to be assessed, equal in number to the number of programs required. IDPA will assess whether the programs identified by the facility meet the qualifications in Section 140.526(f)(2)(A) and address the needs of the residents of the facility.

- A) The programs must be currently operating with:
- i) defined program goals and patient-specific objectives;
  - ii) established treatment protocols and procedures or, for Advanced Nurse Aide Training, specific training outlines;
  - iii) mechanisms for ongoing monitoring and evidence of progress notes and of modifications in procedures or outlines based on monitoring results;
  - iv) established evaluation criteria and methodology; and

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- v) a list of program participants and evidence of participation.
- B) Ten categories of intensive intervention programs have been identified. The intent of these programs must be to reduce disability and medical complications that result in great suffering and economic costs in the facility. The conditions targeted must be those which are prevalent in the facility; accompanied by a high incidence of disability, suffering and costly care; and which are responsive to directed, intensive programs of intervention. The programs are:
- i) Intensive Skin Care Program;
  - ii) Bowel and Bladder Program;
  - iii) Accident Monitoring and Evaluation Program;
  - iv) Contracture Prevention and Treatment Program;
  - v) Behavior Problem Management Program;
  - vi) Restorative Nursing Program;
  - vii) Community Integration Program;
  - viii) Discharge and Transfer Plan Program;
  - ix) Advanced Nurse Aide Training Program; and,
  - x) Innovative Programs, Appropriate to the Needs of the Facility's Resident Population. Programming for residents with Alzheimer's Disease is a suitable choice under this category, in facilities having Alzheimer's populations.

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- C) Only one program for each category of programs listed above will qualify during the assessment, except that:
- i) Intermediate Care Facilities for the Developmentally Disabled and Skilled Pediatric Nursing Facilities may designate and qualify for two innovative programs.
  - ii) Facilities may designate a second innovative program if that program is directed at a special resident population comprising at least 20% of the full census, or
  - iii) Facilities may designate a second innovative program directed at residents with Acquired Immunodeficiency Syndrome (AIDS) or AIDS-Related Complex (ARC). Such a program could be developed in anticipation of admitting residents with AIDS to a facility. In the absence of AIDS residents, an AIDS intensive intervention program will qualify as one of the four required programs for one assessment. In subsequent eligibility periods, the facility must house at least one resident with AIDS in order for the AIDS intervention program to continue in a qualifying status.
- iiii) Facilities may designate two Advanced Nurse Aide programs. Those programs must be based on progressive levels of skill or difficulty.

(Source: Amended at 12 Ill. Reg. 18198, effective November 4, 1988)

ILLINOIS REGISTER

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Section 140.529 Reviews

- a) A facility is entitled to review of its quality incentive assessment and QUIP rate in accordance with the following procedure. Each step of this procedure is a precondition to the next step. In other words, a facility must present all disagreements at the Fact Finding Session and/or Exit Conference to receive any other review and must have such an Exit Conference and a first level review to receive a second level review.
- b) On the last day of the on-site assessment, the assessor will conduct a Fact Finding Session.
  - 1) At the time of the Fact Finding Session, the assessor will identify to the facility:
    - A) the dates and times at which the assessment was conducted;
    - B) the standards of the assessment which were completed and the reasons for non-completion;
    - C) the documents reviewed as evidence of achievement or non-achievement of any standard;
    - D) the time periods, if any, in which activity levels were observed; the names of the residents observed not to be meaningfully engaged, and the basis used for calculating scores;
    - E) the rooms and areas of the facility visited and observed.
  - 2) The assessor will give the facility the opportunity to comment on or contest the evidence used as the basis of the assessment and will record those comments and contested areas.
  - 3) The assessor will accept additional documentation the facility may present as evidence for the assessment.
  - 4) The assessor and facility representative will sign the QUIP Fact Finding Session form.



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## Section 140.529    Reviews (cont'd)

- c) Within twenty (20) working days after the completion of the QUIP assessment, the Regional Supervisor will advise the facility in writing of its achievement and/or non-achievement of the Quality Incentive standards. This notification will include a copy of the completed assessment instrument and notice to the facility that it can receive a first level review. It will identify where a request for such review must be sent and the time limits within which such request must be made. For purposes of this subsection, the notice date will be either the date on which the written notice is sent by certified mail or the date on which the Department hand delivers the written notice to the facility. The assessment is not concluded until a copy of the completed assessment instrument has been provided to the facility and an Exit Conference is conducted. (Exception: A completed copy of the Resident Satisfaction segment will not be provided to the facility).
- d) An Exit Conference will be conducted between the assessor and the facility within ten (10) working days of the mailing date or hand delivery date of the above notification.
- 1) During the Exit Conference, the assessor will discuss:
- A) assessment dates and hours;
  - B) reason basic eligibility not met;
  - C) parts completed;
  - D) parts not completed and reasons;
  - E) names of residents not meaningfully engaged, if applicable;
  - F) rooms and areas visited;
  - G) assessment results;
  - H) the average score of the facility for each question asked on the Resident Satisfaction segment of the assessment;

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## Section 140.529    Reviews (cont'd)

- I) questions raised by facility;
  - J) parts contested at this time; and
  - K) procedures for requesting First Level Review.
- 2) The assessor will not identify those interviewed for assessment of Resident Satisfaction.
- 3) During the Exit Conference the facility may present additional supporting documentation that had been in place prior to the time of the QUIP Assessment. If additional documentation is presented during the Exit Conference, the assessor will complete a form indicating whether a new recommendation will be forwarded to the regional supervisor. A copy of the form will be left with the facility. No additional supporting documentation will be accepted following the Exit Conference.
- 4) Based upon the newly presented documentation, the assessor will determine whether to give a new recommendation to the Regional Supervisor. If a new recommendation is made to the Regional Supervisor, the Regional Supervisor must notify the facility in writing of the results of the new recommendation within 20 working days of the Exit Conference.
- 5) The assessor and facility representative will sign the QUIP Exit Conference Checklist and Summary.
- e) First level review
- 1) Request for review
- A) To request a review of the findings of the assessor, the facility must submit a written request to the address stated in the Regional Supervisor's notification, as identified in section 140.529(c), within ten (10) working days of:

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## Section 140.529 Reviews (cont'd)

- i) the date of the Exit Conference, in the event that the assessor did not act upon new documentation presented at the Exit Conference; or
- ii) the date of mailing of the Regional Supervisor's written notice following the Exit Conference.

B) For purposes of this subsection, "submit" means either the date the request is mailed, as evidenced by a United States mail postmark or the date on which the request is hand delivered to the Department at the address specified in the assessor's notification.

2) The written request for first level review ~~should~~ must contain a full comprehensive explanation of why the facility's contentions regarding ~~believes~~ the findings of the assessor's findings, and may be accompanied by supporting documentation that had been in place prior to the time of the QIP Assessment and was presented for review up to and including the Exit Conference. ~~are incorrect.~~

3) The Area Supervisor will review the assessor's findings, along with the facility's request for review, to determine if such findings are correct or incorrect. The review will be limited to questions of fact supported by data presented up to and including the Exit Conference. The Area Supervisor's determination will evaluate whether all relevant evidence was considered in the original findings, whether the instrument was correctly applied, and whether procedures were followed consistent with Sections 140.525 through 140.529 of this Part.

4) The Area Supervisor will send written notification to the facility by certified mail of the determination of the first level review within forty-five (45) working days of the receipt of the facility's request for review. This notification will include, if applicable,

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specific reasons why the facility's request for a higher QIP rating was denied. This notification will also inform the facility that it can receive a second level review and will identify where a request for such review should be sent and the time limits within which such request should be made.

## f) Second level review

1) If the facility is not satisfied with the results of the first level review, it may request a second level review. To do so, the facility must submit a written request to the address stated in the Area Supervisor's letter (see Section 140.529(d)(4) above), within ten (10) working days of receipt of the Supervisor's notification. For purposes of this subsection, "submit" means either the date the request is mailed, as evidenced by a United States mail postmark, or the date on which the request is hand delivered to the Department at the address specified in the assessor's notification.

2) The written request ~~should~~ must contain a full comprehensive explanation of why the facility's ~~believes~~ contentions regarding the Area Supervisor's determinations ~~are incorrect.~~

3) The Chief of the Bureau of Long Term Care will review the Area Supervisor's determinations, the assessor's findings, the facility's request for first level review and the facility's request for second level review, to determine if the Area Supervisor's determinations are correct or incorrect. Evidence that was not available to the Area Supervisor will not be considered. The Bureau Chief will reverse the Area Supervisor's determinations only if it is demonstrated that the Supervisor did not consider relevant evidence or finds the Supervisor's determinations against the weight of the evidence.

4) The Bureau Chief will send by mail written notification to the facility of the determination



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of the second level review within forty-five (45) working days of the receipt of the facility's request for second level review. This notification will include, if applicable, specific reasons why the facility's request for a higher QUP rating was denied. No other administrative review will be available.

(Source: Amended at 12 Ill. Reg. 18198, effective November 4, 1988)

## DEPARTMENT OF REHABILITATION SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part:    Program Description
- 2) Code Citation:    89 Ill. Adm. Code 675
- 3) Section Numbers:    Adopted Action:  
      675.100                    Amendment
- 4) Statutory Authority:    Section 3(g) of "AN ACT in relation to rehabilitation of disabled persons" (Ill. Rev. Stat. 1987, ch. 23, par. 3434(g)).
- 5) Effective Date of Rule(s) (Amendments, Repealer):    October 27, 1988
- 6) Does this rulemaking contain an automatic repeal date?  
      Yes    X    No
- 7) Does this rule (amendment, repealer) contain incorporations by reference?    No
- 8) Date Filed in Agency's Principal Office:    October 7, 1988
- 9) Notice of Proposal Published in Illinois Register:  
      March 4, 1988, 12 Ill. Reg. 4691  
      (issue date)
- 10) Has JCAR Issued a Statement of Objections to this (these) Rule(s)?    No    If answer is "yes," please complete the following:
  - A) Statement of Objection:    (issue date),    Ill. Reg. \_\_\_\_\_
  - B) Agency Response:    (issue date),    Ill. Reg. \_\_\_\_\_
  - C) Date Agency Response Submitted for Approval to JCAR:
- 11) Difference(s) between proposal and final version:    The words "AN ACT" were capitalized in the authority note.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?  
      Yes





DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTSDEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS1) Heading of Part:

Long-Term Care for Under Age 22

2) Code Citation:

77 Ill. Adm. Code 390

3) Section Numbers:

390.110, 390.120, 390.130, 390.150,  
390.160, 390.200, 390.210, 390.220,  
390.230, 390.250, 390.272, 390.274,  
390.276  
390.277  
390.278, 390.282, 390.284, 390.290,  
390.300, 390.330, 390.500, 390.610,  
390.620, 390.630, 390.640, 390.650,  
390.660, 390.670, 390.680, 390.690,  
390.700, 390.820, 390.830, 390.1010,  
390.1020, 390.1030, 390.1040, 390.1050,  
390.1070, 390.1080, 390.1090, 390.1100,  
390.1120, 390.1310, 390.1320, 390.1330,  
390.1410, 390.1420, 390.1430, 390.1440,  
390.1450, 390.1610, 390.1620, 390.1640,  
390.1650, 390.1680, 390.1690, 390.1810,  
390.1820, 390.1830, 390.1840, 390.1860,  
390.1870, 390.1880, 390.1890, 390.1900,  
390.1920, 390.2010, 390.2020, 390.2030,  
390.2210, 390.2220, 390.2230, 390.2410,  
390.2420, 390.2430, 390.2440, 390.2610,  
390.2620, 390.2630, 390.2640, 390.2650,  
390.2660, 390.2670, 390.2680, 390.2690,  
390.2700, 390.2710, 390.2720, 390.2730,  
390.2740, 390.2910, 390.2920, 390.2930,  
390.2940, 390.2950, 390.2960, 390.2970,  
390.2980, 390.2990, 390.3000, 390.3010,  
390.3020, 390.3030, 390.3040, 390.3210,  
390.3220, 390.3230, 390.3240, 390.3250,  
390.3260, 390.3270, 390.3280, 390.3290,  
390.3300, 390.3310, 390.3320, 390.3330

4) Statutory Authority:

Nursing Home Care Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4151-101 et seq.), as amended by Public Acts 85-1378 and 85-1183.

- 5) Effective Date of Amendments: October 24, 1988
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:  
Not applicable.

7) Date Filed In Agency's Principal Office: October 24, 1988

8) Reason for Emergency:

These emergency amendments are needed to implement recently-enacted legislation. The Department believes that the immediate effective dates on the legislation indicate that the Illinois General Assembly intends for these amendments to be implemented without delay.

9) A Complete Description of the Subjects and Issues Involved:

The most significant changes are included in Public Act 85-1378 (Senate Bill 2201), which took effect on September 1, 1988. This legislation amends the Nursing Home Care Act to eliminate the lowest level of violations, level "C" violations. This level of violations is replaced with a procedure for the issuance of administrative warnings. Facilities will not be required to submit a plan of correction in response to an administrative warning, but will be responsible for correction of the condition.

To implement this change, the Department is taking the following actions in these emergency amendments:

1. Deleting all of the current designations of level "C" violations from the entire text of the rules.
2. Expanding the provisions in Section 390.272 concerning the determination to issue a notice of violation to also include administrative warnings.
3. Eliminating the language concerning level "C" violations in Section 390.274 which concerns the determination of the level of a violation.
4. Adding a new Section 390.277 to provide procedures for the issuance of administrative warnings.
5. Eliminating the provisions concerning the assessment of penalties for ten or more uncorrected level "C" violations from Section 390.282(e).
6. Adding a definition of "administrative warning" and deleting the

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 390  
LONG-TERM CARE FOR UNDER AGE 22  
SUBPART A: GENERAL PROVISIONS

Section  
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General Requirements  
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Issuance of an Initial License for a New Facility  
Issuance of an Initial License Due to a Change of Ownership  
Issuance of a Renewal License  
Criteria for Adverse Licensure Actions  
Denial of Initial License  
Denial of Renewal of License  
Revocation of License  
Experimental Program Conflicting With Requirements  
Inspections, Surveys, Evaluations and Consultation  
Filing an Annual Attested Financial Statement

Information to be Made Available to the Public by the Department  
Information to Be Made Available to the Public By the Licensee  
Municipal Licensing  
Ownership Disclosure  
Issuance of Conditional Licenses  
Monitor and Receivership  
Determination to Issue a Notice of Violation or Administrative  
Warning  
Determination of the Level of a Violation  
Notice of Violation

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definition of "type C violation" in Section 390.330.

Additional statutory changes included in Public Act 85-1378, and changes included in Public Act 85-1183 (House Bill 4172), which took effect on August 13, 1988, are also being implemented in these emergency amendments. These changes include amendments to provisions concerning:

1. Submission of ownership information [Section 390.250(a)].
2. Contents of the quarterly list of facilities against which the Department is taking some action [Section 390.290(a)].
3. Basis and procedures for involuntary transfer or discharge [Section 390.3300(c)].
4. Procedure for hearings requested by persons who file complaints against a facility [Section 390.3310(j)].

The Department believes that there will be little, if any, economic effect of these emergency amendments on the regulated public. The elimination of level "c" violations could reduce the costs of compliance with these rules by regulated facilities. The Department of Public Health may also experience some cost savings from this change.

Amendments which include these emergency changes are also being proposed for permanent adoption by the Department. The Department anticipates that the amendments will be adopted prior to the expiration of these emergency amendments.

10) Are there any Proposed Amendments Pending to this Part? No.

11) Statement of Statewide Policy Objectives:

This rulemaking does not affect local governmental units.

12) Information and Questions regarding these Emergency Amendments shall be directed to:

Mr. Robert John Kane  
Division of Governmental Affairs  
Illinois Department of Public Health  
525 West Jefferson, Second Floor  
Springfield, Illinois 62761  
Telephone: (217) 782-6187

The full text of the Emergency Amendments begins on the next page:



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Administrative Warning  
Plans of Correction  
Reports of Correction  
Conditions for Assessment of Penalties  
Calculation of Penalties  
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Quarterly List of Violators  
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Resident Care Policies  
Admission and Discharge Policies  
Contract Between Resident and Facility  
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Service Programs  
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## SUBPART G: MEDICATIONS

Medication Policies and Procedures  
 Conformance with Physician's Orders  
 Administration of Medication  
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## SUBPART H: RESIDENT AND FACILITY RECORDS

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 Content of Medical Records  
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## SUBPART I: FOOD SERVICE

Director of Food Services  
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 Diet Orders  
 Adequacy of Diet and Meal Pattern (A, B)  
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 Scheduling Meals

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## Menu Planning

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 Preparation of Infant Formula  
 Food Handling Sanitation  
 Kitchen Equipment, Utensils, and Supplies

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## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Furnishings  
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 Sterilization of Supplies and Equipment

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## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

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SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR  
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## Preparation of Drawings and Specifications

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## Site

## Administration and Public Areas

## Nursing Unit

## Dining, Play, Activity/Program Room(s)

## Therapy and Personal Care

## Service Departments

## Building General

## Structural

## Mechanical Systems

## Plumbing Systems

## Electrical Systems

SUBPART N: DESIGN AND CONSTRUCTION STANDARDS  
FOR EXISTING FACILITIES

## Applicability

## Codes and Standards

## Preparation of Drawings and Specifications

## Site

## Administration and Public Areas

## Nursing Unit

## Play, Dining, Activity/Program Room(s)

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## Building General

## Structural

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## SUBPART O: RESIDENT'S RIGHTS

## General

## Medical and Personal Care Program

## Restraints

## Abuse and Neglect

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## Resident's Funds

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## Contract With Facility

## Private Right of Action

## Transfer and/or Discharge

## Complaint Procedures

## Confidentiality

## Facility Implementation

## SUBPART P: DAY CARE PROGRAMS

## Day Care in Long-Term Care Facilities

Interpretation and Illustrative Services for Long-Term Care  
Facility for Residents Under Twenty-Two (22) Years of Age  
Forms for Day Care in Long-Term Care Facilities

390.3510

APPENDIX A

APPENDIX B

Section 390.110 General Requirements

TABLE A	Infant Feeding
TABLE B	Daily Nutritional Requirements By Age Group
TABLE C	Sound Transmissions Limitations
TABLE D	Pressure Relationships and Ventilation Rates of Certain Areas for New Long-Term Care Facilities for Persons Under Twenty-Two (22) Years of Age
TABLE E	Sprinkler Requirements
TABLE F	Disaster Preparedness Parameters - Relative Humidity and Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care ~~Reform~~ Act of ~~1979~~ (Ill. Rev. Stat. 1987 ~~1985~~, ch. 111 1/2, par. 4151-101 et seq., as amended by Public Acts 85-1183, effective August 13, 1988, and 85-1378, effective September 1, 1988)

SOURCE: Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983; amended at 7 Ill. Reg. 15821, 8574, effective July 11, 1983; amended at 7 Ill. Reg. 16988, effective November 15, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19823; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 25083, 24656, effective December 7, 1984; amended at 8 Ill. Reg. 122, effective December 14, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 11 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16780, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days.

NOTE: Italics and capitalization denote statutory language.

Section 390.110 General Requirements

- a) These Minimum Standards, Rules and Regulations apply to the operator/licensee of facilities, or distinct parts thereof, that are to be licensed and classified to provide nursing care to persons under twenty-two (22) years of age. Any license issued and in effect prior to March 1, 1980; pursuant to the "Nursing homes, sheltered

Section 390.110(a) (continued)

- care homes, and homes for the aged Act" (Ill. Rev. Stat. 1977, ch. 111 1/2, par. 35.16 et seq.) shall remain valid and subject to the terms and conditions of the "Nursing Home Care Reform Act of 1979" (The Act) (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.) and all regulations promulgated thereunder until the expiration date shown on the face of such license.
- b) The license issued to each operator/licensee shall designate the licensee's name, facility name, address, the classification by level of service authorized for that facility, the number of beds authorized for each level, the date the license was issued and the expiration date. Such licenses shall be issued for a period not to exceed one (1) year.
- c) An applicant may request that the license issued by the Department have distinct parts classified according to levels of services. The distinct part must satisfactorily meet the applicable physical plant standards based on a level of service classification sought for that distinct part. If necessary to protect the health, welfare and safety of residents in a distinct part requiring higher standards, the Department of Public Health (the Department) shall require compliance with whatever additional physical plant standards are necessary in any distinct part(s), to achieve this protection. Administrative, supervisory, and other personnel may be shared by the entire facility, if so doing does not adversely affect meeting the total needs of the residents of the facility.
- d) THE OPERATOR MAY NOT ADMIT RESIDENTS IN EXCESS OF THE LICENSED CAPACITY OF THE FACILITY. (See Section 390.280 - Violations and Penalties) (B-~~7~~, G-)
- e) A long-term care facility for persons under twenty-two (22) years of age licensed and classified under the Act shall not use in its title or description "Hospital", "Sanatorium", "Sanatorium", or any other word or description in its title or advertisements which indicates that a type of service is provided by the facility which the facility is not licensed to provide or, in fact, does not provide. ~~CG~~
- A long-term care facility for persons under twenty-two (22) years of age may use in its title or advertisement the words or description: "Nursing Home", "Intermediate Care", "Skilled Nursing Facility".
- f) Any person constructing or modifying a long-term care facility or portion thereof without obtaining the required permit from the Health Facilities Planning Board shall not be eligible to apply for



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## Section 390.110(f) (continued)

licensee for that facility or portion thereof (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1163.1). ~~(C)~~

- g) THE LICENSEE SHALL GIVE NINETY (90) DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN TEN PERCENT (10%) OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENTS WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE LICENSEE SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER OF THE ACT. (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.) (A, B)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.120 Application for License  
EMERGENCY

- a) Any person acting individually, or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility, and/or skilled nursing facility shall submit pre-application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The pre-application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications. ~~(C)~~

- b) A pre-application for a new facility shall be accompanied by a permit as required by the "Illinois Health Facilities Planning Act" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1151 et seq.). ~~(C)~~

## DEPARTMENT OF PUBLIC HEALTH

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## Section 390.120 (continued)

- c) APPLICATION FOR A LICENSE TO ESTABLISH OR OPERATE AN INTERMEDIATE CARE FACILITY, AND/OR SKILLED NURSING FACILITY SHALL BE MADE IN WRITING AND SUBMITTED, WITH OTHER SUCH INFORMATION AS THE DEPARTMENT MAY REQUIRE, ON FORMS PROVIDED BY THE DEPARTMENT.
- d) ALL APPLICATIONS, EXCEPT THOSE OF HOMES FOR THE AGED, SHALL BE ACCOMPANIED BY AN APPLICATION FEE OF TWO HUNDRED (200) DOLLARS. THE APPLICATION SHALL BE UNDER OATH AND THE SUBMISSION OF FALSE OR MISLEADING INFORMATION SHALL BE A CLASS A MISDEMEANOR. THE APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) THE NAME AND ADDRESS OF THE APPLICANT IF AN INDIVIDUAL, AND IF A FIRM, PARTNERSHIP, OR ASSOCIATION, OF EVERY MEMBER THEREOF, AND IN THE CASE OF A CORPORATION, THE NAME AND ADDRESS THEREOF AND OF ITS OFFICERS AND ITS REGISTERED AGENT, AND IN THE CASE OF A UNIT OF LOCAL GOVERNMENT, THE NAME AND ADDRESS OF ITS CHIEF EXECUTIVE OFFICER;
  - 2) THE NAME AND LOCATION OF THE FACILITY FOR WHICH A LICENSE IS SOUGHT;
  - 3) THE NAME OF THE PERSON OR PERSONS UNDER WHOSE MANAGEMENT OR SUPERVISION THE FACILITY WILL BE CONDUCTED;
  - 4) THE NUMBER AND TYPE OF RESIDENTS FOR WHICH MAINTENANCE, PERSONAL CARE, OR NURSING IS TO BE PROVIDED; AND
  - 5) SUCH INFORMATION RELATING TO THE NUMBER, EXPERIENCE, AND TRAINING OF THE EMPLOYEES OF THE FACILITY, ANY MANAGEMENT AGREEMENTS FOR THE OPERATION OF THE FACILITY, AND OF THE MORAL CHARACTER OF THE APPLICANT AND EMPLOYEES AS THE DEPARTMENT MAY DEEM NECESSARY. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))
- e) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold, or leased; or when operation is discontinued; or when operation is moved to a new location; or when the licensee (if an individual) dies; or when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be. ~~(C)~~

DEPARTMENT OF PUBLIC HEALTH  
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Section 390.120(e) (continued)

- 2) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases. ~~(C)~~

- f) EACH INITIAL APPLICATION SHALL BE ACCOMPANIED BY A FINANCIAL STATEMENT SETTING FORTH THE FINANCIAL CONDITION OF THE APPLICANT AND BY A STATEMENT FROM THE UNIT OF LOCAL GOVERNMENT HAVING ZONING JURISDICTION OVER THE FACILITY'S LOCATION STATING THAT THE LOCATION OF THE FACILITY IS NOT IN VIOLATION OF A ZONING ORDINANCE. AN INITIAL APPLICATION FOR A NEW FACILITY SHALL BE ACCOMPANIED BY A PERMIT AS REQUIRED BY THE "ILLINOIS HEALTH FACILITIES PLANNING ACT". AFTER THE APPLICATION IS APPROVED, THE APPLICANT SHALL ADVISE THE DEPARTMENT EVERY 6 MONTHS OF ANY CHANGES IN THE INFORMATION ORIGINALLY PROVIDED IN THE APPLICATION. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.130 Licensee  
EMERGENCY

- a) The licensee is the corporate body, political subdivision, individual, or individuals responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing requirements. The licensee does not have to own the building being used.
- b) If the licensee does not own the building, a lease or management agreement between the licensee and the owner of the building is required. A copy of the lease or management agreement shall be furnished to the Department. The Department shall also be provided with a copy of all new lease agreements or any changes to existing agreements within thirty (30) days of the effective date of such changes. ~~(C)~~
- c) If the licensee is not a corporation or a political subdivision of the State of Illinois, each person responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing Minimum Standards, Rules and Regulations shall be at least

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Section 390.130(c) (continued)

- eighteen (18) years of age. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.150 Issuance of an Initial License Due to a Change of Ownership  
EMERGENCY

- a) UPON RECEIPT AND REVIEW OF AN APPLICATION FOR A LICENSE, THE DIRECTOR SHALL ISSUE A PROBATIONARY LICENSE IF HE FINDS:
- 1) THE APPLICANT IS A PERSON RESPONSIBLE AND SUITABLE TO OPERATE OR TO DIRECT OR TO PARTICIPATE IN THE OPERATION OF A FACILITY BY VIRTUE OF FINANCIAL CAPACITY, APPROPRIATE BUSINESS OR PROFESSIONAL EXPERIENCE, A RECORD OF COMPLIANCE WITH LAWFUL ORDERS OF THE DEPARTMENT AND LACK OF REVOCATION OF A LICENSE DURING THE PREVIOUS FIVE (5) YEARS;
- 2) THE FACILITY IS UNDER THE SUPERVISION OF AN ADMINISTRATOR WHO IS LICENSED UNDER THE "NURSING HOME ADMINISTRATOR'S LICENSING ACT", AS NOW OR HEREAFTER AMENDED; AND
- 3) THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE "NURSING HOME CARE REFORM ACT OF 1979" AND THIS PART.
- b) WHENEVER OWNERSHIP OF A FACILITY IS TRANSFERRED FROM THE PERSON NAMED IN A LICENSE TO ANY OTHER PERSON, THE TRANSFEREE MUST OBTAIN A NEW PROBATIONARY LICENSE. THE TRANSFEREE SHALL NOTIFY THE DEPARTMENT OF THE TRANSFER AND APPLY FOR A NEW LICENSE AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. ~~(C)~~
- c) THE TRANSFEROR SHALL NOTIFY THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. THE TRANSFEROR SHALL REMAIN RESPONSIBLE FOR THE OPERATION OF THE FACILITY UNTIL SUCH TIME AS THE LICENSE IS ISSUED TO THE NEW TRANSFEREE. ~~(C)~~
- d) THE LICENSE GRANTED TO THE TRANSFEREE SHALL BE SUBJECT TO ANY PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS OWNER AND APPROVED BY THE DEPARTMENT AND ANY CONDITIONS CONTAINED IN A CONDITIONAL LICENSE ISSUED TO THE PREVIOUS OWNER. IF THERE ARE OUTSTANDING VIOLATIONS AND NO PLAN OF CORRECTION HAS BEEN SUBMITTED BY THE FACILITY AND APPROVED BY THE DEPARTMENT, THE DEPARTMENT MAY ISSUE A CONDITIONAL LICENSE AND PLAN OF CORRECTION AS PROVIDED IN SECTIONS 3-311 THROUGH 3-317 OF THE "NURSING HOME CARE REFORM ACT OF 1979" IN PLACE OF A



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## Section 390.150(d) (continued)

PROBATIONARY LICENSE. ~~-(C)-~~

e) THE TRANSFEROR SHALL REMAIN LIABLE FOR ALL PENALTIES ASSESSED AGAINST THE FACILITY WHICH ARE IMPOSED FOR VIOLATIONS OCCURRING PRIOR TO TRANSFER OR OWNERSHIP. ~~-(C)-~~

f) THE DEPARTMENT WILL ISSUE A PROBATIONARY LICENSE FOR ONE HUNDRED TWENTY (120) DAYS FROM DATE OF ISSUANCE.

g) DURING THE ONE HUNDRED TWENTY (120) DAYS OF THE PROBATIONARY LICENSE, THE DEPARTMENT SHALL CONDUCT AN INVESTIGATION OF THE APPLICANT WITHIN THIRTY (30) DAYS OF THE TERMINATION OF THE PROBATIONARY LICENSE TO DETERMINE WHETHER OR NOT THE APPLICANT THEN COMPLIES, AND IF NOT, WHETHER SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE. IF IN COMPLIANCE, THE PROBATIONARY LICENSE WILL BE REPLACED WITH A FULL STATUS LICENSE. IF NOT IN COMPLIANCE AND SATISFACTORY PROGRESS TOWARD COMPLIANCE IS NOT BEING MADE, THE DEPARTMENT WILL ALLOW THE PROBATIONARY LICENSE TO EXPIRE.

h) IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE BUT SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE, A SECOND PROBATIONARY LICENSE OF UP TO ONE HUNDRED TWENTY (120) DAYS MAY BE ISSUED. UNDER NO CONDITION MAY MORE THAN TWO (2) SUCCESSIVE PROBATIONARY LICENSES BE ISSUED.

i) THE ISSUANCE DATE OF THE PROBATIONARY LICENSE TO THE NEW OWNER WILL BE THE DATE THE LAST LICENSE REQUIREMENT IS MET AS DETERMINED BY THE DEPARTMENT. PRIOR TO ACTUAL RECEIPT BY THE OPERATOR OF THE LICENSE CERTIFICATE, THE OPERATOR MAY BEGIN OPERATION UPON RECEIPT OF WRITTEN APPROVAL BY THE DEPARTMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.160 Issuance of a Renewal License  
EMERGENCY

AT LEAST ONE HUNDRED TWENTY (120) DAYS, BUT NOT MORE THAN ONE HUNDRED FIFTY (150) DAYS, PRIOR TO LICENSE EXPIRATION, THE LICENSEE SHALL SUBMIT AN APPLICATION FOR RENEWAL OF THE LICENSE IN SUCH FORM AND CONTAINING SUCH INFORMATION AS THE DEPARTMENT REQUIRES. IF THE APPLICATION IS APPROVED, AND THE FACILITY IS IN COMPLIANCE WITH ALL OTHER LICENSE REQUIREMENTS, THE LICENSE SHALL BE RENEWED FOR AN ADDITIONAL ONE YEAR PERIOD. (See Section

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## Section 390.160 (continued)

390.240 for municipal licensing requirements.) ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.200 Inspections, Surveys, Evaluations and Consultation  
EMERGENCY

a) The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and the regulations in this Part. All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys and evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. AN INSPECTION, SURVEY OR EVALUATION, OTHER THAN AN INSPECTION OF FINANCIAL RECORDS SHALL BE UNANNOUNCED. CONSULTATIONS MAY BE ANNOUNCED. (111. Rev. Stat. 1985, Supp., ch. 111 1/2, par. 4153-212). The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out the Act and the rules promulgated thereunder. IN ADDITION, REPRESENTATIVES OF THE DEPARTMENT SHALL HAVE ACCESS TO AND MAY REPRODUCE OR PHOTOCOPY AT THE DEPARTMENT'S COST ANY BOOKS, RECORDS, AND OTHER DOCUMENTS MAINTAINED BY THE FACILITY, THE LICENSEE OR THEIR REPRESENTATIVES TO THE EXTENT NECESSARY TO CARRY OUT THIS ACT AND THE RULES PROMULGATED THEREUNDER (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-213). A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information Rules - 2 Ill. Adm. Code 1126. ~~-(C)-~~

b) BEFORE MAKING MORE THAN THE REQUIRED NUMBER OF INSPECTIONS, SURVEYS AND EVALUATIONS OF A FACILITY, THE DEPARTMENT SHALL HAVE TAKEN INTO ACCOUNT THE FOLLOWING CRITERIA:

- 1) PREVIOUS INSPECTION REPORTS;
- 2) THE FACILITY'S HISTORY OF COMPLIANCE WITH THE ACT:
  - A) PRIOR CORRECTION OF VIOLATIONS;
  - B) PRIOR ENFORCEMENT ACTIONS;

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Section 390.200(b)(2) (continued)

- c) NUMBER AND SEVERITY OF PRIOR COMPLAINTS;
- 3) NUMBER AND SEVERITY OF CURRENT COMPLAINTS;
- 4) ALLEGATIONS OF RESIDENT ABUSE OR NEGLECT;
- 5) COMPLIANCE WITH DISASTER PREPAREDNESS PROVISIONS UNDER THE ACT;
- 6) OTHER REASONABLE BELIEF THAT DEFICIENCIES REGARDING, THE ACT EXIST; AND/OR
- 7) requirements pursuant to the "1864 Agreement" (42 U.S.C.A. 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g., annual and follow-up certification inspections, life safety code inspections and any inspections requested by the secretary of HHS). ~~(C)~~ (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(b)).
- c) UPON THE COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION, THE REPRESENTATIVE OF THE DEPARTMENT WHO CONDUCTED THE INSPECTION, SURVEY OR EVALUATION SHALL SUBMIT A COPY OF THEIR REPORT TO THE LICENSEE OR THEIR REPRESENTATIVE, UPON EXITING THE FACILITY. A copy of the information gathered during a complaint investigation will not be provided upon exiting the facility. COMMENTS OR DOCUMENTATION WHICH EXPLAIN EXTENUATING CIRCUMSTANCES THAT THE FACILITY COULD NOT REASONABLY HAVE PREVENTED, OR WHICH INDICATE METHODS AND TIMETABLES FOR CORRECTION OF DEFICIENCIES DESCRIBED IN THE REPORT SHALL BE PROVIDED TO THE DEPARTMENT WITHIN 10 DAYS OF RECEIPT OF THE COPY OF THE REPORT. (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(c)).

- d) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or rules, and/or general matter of patient care.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.210 Filing an Annual Attested Financial Statement  
EMERGENCY

- a) EACH LICENSEE SHALL SUBMIT AN ANNUAL ATTESTED FINANCIAL STATEMENT TO

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Section 390.210(a) (continued)

THE DEPARTMENT. THIS FINANCIAL STATEMENT SHALL BE FILED IN A PRESCRIBED FORMAT ON FORMS SUPPLIED BY THE DEPARTMENT. THE FORMS WILL BE DEVELOPED IN CONJUNCTION WITH THE ILLINOIS DEPARTMENT OF PUBLIC AID. ~~(C)~~

The time period covered in the financial statement shall be a period determined by the Department for the initial filing, and shall thereafter coincide with the facility's fiscal year or the calendar year. ~~(C)~~

- b) The Department may require any facility to file an audited financial statement, if the Department determines that such a statement is needed.
- c) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent financial statements are needed. The frequency and time period of such filings shall be as determined by the Department for each individual facility.
- d) The financial statement shall be filed with the Department within ninety (90) days following the end of the designated reporting period. ~~(C)~~ The financial statement will not be considered as having been filed unless all sections of the prescribed forms have been properly completed. Those sections which do not apply to a particular facility shall be noted "not applicable" on the forms. ~~(C)~~
- e) The information required to be submitted in the financial statement will include, but is not limited to, the following:
  - 1) Facility information, including: facility name and address, licensure information, type of ownership, licensed bed capacity, date and cost of building construction and additions, date and cost of acquisition of buildings, building sizes, equipment costs and dates of acquisition. ~~(C)~~
  - 2) Resident information, including: number and level of care of residents by source of payment, income from residents by level of care. ~~(C)~~
  - 3) Cost information by level of care, including:
    - A) General service costs; such as dietary, food, housekeeping,



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## Section 390.210(e)(3)(A) (continued)

~~laundry, utilities, and plant operation and maintenance.~~

B) Health care costs: such as medical director, nursing, medications, oxygen, activities, medical records, other medical services, social services, and utilization reviews. ~~-(C)-~~

C) General Administration; such as administrative salaries, professional services, fees, subscriptions, promotional, insurance, travel, clerical, employee benefits, license fees, and inservice training and education. ~~-(C)-~~

D) Ownership; such as depreciation, interest, taxes, rent, and leasing. ~~-(C)-~~

E) Special Service cost centers; such as rehabilitative and rehabilitative services, therapies, transportation, education, barber and beauty care, and gift and coffee shop. ~~-(C)-~~

4) Income information, including operating and non-operating income. ~~-(C)-~~

5) Ownership information, including balance sheet and payment to owners. ~~-(C)-~~

6) Personnel information, including the number and type of people employed and salaries paid. ~~-(C)-~~

7) Related organization information, including related organizations from which services are purchased. ~~-(C)-~~

f) The new owner or a new lessee of a previously licensed facility may file a projection of capital costs at the time of closing or signing of the lease.

1) A facility which is licensed for the first time (a newly constructed facility) must file a projection of capital costs. ~~-(C)-~~

2) Each of the above must file a full cost report within nine (9) months after acquisition (covering the first six (6) months of operation). Each must also file a cost report within ninety (90) days of the close of its first complete fiscal year. ~~-(C)-~~

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## Section 390.210 (continued)

g) NO PUBLIC FUNDS SHALL BE EXPENDED FOR THE MAINTENANCE OF ANY RESIDENT IN ANY FACILITY WHICH HAS FAILED TO FILE THIS FINANCIAL STATEMENT, AND NO PUBLIC FUNDS SHALL BE PAID TO, OR ON BEHALF OF, A FACILITY WHICH HAS FAILED TO FILE THE STATEMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.220 Information to be Made Available to the Public By the Department

EMERGENCY

a) THE DEPARTMENT SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS SECTION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.

b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. ~~-(C)-~~

c) THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE TO THE PUBLIC FROM THE DEPARTMENT OR THE DEPARTMENT OF PUBLIC AID:

1) INFORMATION SUBMITTED UNDER SECTIONS 3-103 AND 3-207 OF THE ACT, EXCEPT INFORMATION CONCERNING THE REMUNERATION OF PERSONNEL LICENSED, REGISTERED, OR CERTIFIED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION AND MONTHLY CHARGES FOR AN INDIVIDUAL PRIVATE RESIDENT;

2) RECORDS OF LICENSE AND CERTIFICATION INSPECTIONS, SURVEYS, AND EVALUATIONS OF FACILITIES, OTHER REPORTS OF INSPECTIONS, SURVEYS, AND EVALUATIONS OF RESIDENT CARE, AND REPORTS CONCERNING A FACILITY PREPARED PURSUANT TO TITLES XVIII AND XIX OF THE SOCIAL SECURITY ACT, (42 U.S.C.A. 1395 et seq. and 1396 et seq.) SUBJECT TO THE PROVISIONS OF THE SOCIAL SECURITY ACT (42 U.S.C.A. 301 et seq.);

3) COST AND REIMBURSEMENT REPORTS SUBMITTED BY A FACILITY UNDER SECTION 3-208 OF THE ACT REPORTS OF AUDITS OF FACILITIES, AND OTHER PUBLIC RECORDS CONCERNING THE COST INCURRED BY, REVENUES RECEIVED BY, AND REIMBURSEMENT OF FACILITIES;

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## Section 390.220(c) (continued)

- 4) COMPLAINTS FILED AGAINST A FACILITY AND COMPLAINT INVESTIGATION REPORTS, EXCEPT THAT A COMPLAINT OR COMPLAINT INVESTIGATION REPORT SHALL NOT BE DISCLOSED TO A PERSON OTHER THAN THE COMPLAINANT OR COMPLAINANT'S REPRESENTATIVE BEFORE IT IS DISCLOSED TO A FACILITY UNDER SECTION 3-702 OF THE ACT, AND, FURTHER, EXCEPT THAT A COMPLAINANT OR RESIDENT'S NAME SHALL NOT BE DISCLOSED EXCEPT UNDER SECTION 3-702 OF THE ACT.
- 5) THE DEPARTMENT SHALL DISCLOSE INFORMATION UNDER THIS SECTION IN ACCORDANCE WITH PROVISIONS FOR INSPECTION AND COPYING OF PUBLIC RECORDS REQUIRED BY THE FREEDOM OF INFORMATION ACT (Ill. Rev. Stat. 1984 Supp., ch. 116, par. 201 et seq.); AND
- 6) HOWEVER, THE DISCLOSURE OF INFORMATION DESCRIBED IN SUBSECTION (1) SHALL NOT BE RESTRICTED BY ANY PROVISION OF THE FREEDOM OF INFORMATION ACT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-205)
- d) Copies of reports available to the public may be obtained by making a written request to the Department in accordance with the Department's Freedom of Information rules - 2 Ill. Adm. Code 1126. However, access to cost reports shall be governed by Department of Public Aid rule "Access to Cost Reports" (89 Ill. Adm. Code 140.544). The Department may, at its discretion, waive this fee if the party requesting the material is involved in legal action with the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.230 Information to Be Made Available to the Public By the Licensee

EMERGENCY

- a) EVERY FACILITY SHALL CONSPICUOUSLY POST OR DISPLAY IN AN AREA OF IT ACCESSIBLE TO RESIDENTS, EMPLOYEES, AND VISITORS THE FOLLOWING:
  - 1) ITS CURRENT LICENSE; ~~-(G)-~~
  - 2) A DESCRIPTION, PROVIDED BY THE DEPARTMENT OF COMPLAINT PROCEDURES ESTABLISHED UNDER THE "NURSING HOME CARE REFORM ACT OF 1979" AND THE NAME, ADDRESS, AND TELEPHONE NUMBERS OF A PERSON AUTHORIZED BY THE DEPARTMENT TO RECEIVE COMPLAINTS; ~~-(G)-~~

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## Section 390.230(a) (continued)

- 3) A COPY OF ANY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT; AND ~~-(G)-~~
- 4) A LIST OF THE MATERIAL AVAILABLE FOR PUBLIC INSPECTION UNDER SECTION 3-210 OF THE "NURSING HOME CARE REFORM ACT OF 1979". ~~-(G)-~~
- b) A FACILITY SHALL RETAIN THE FOLLOWING FOR PUBLIC INSPECTION:
  - 1) A COMPLETE COPY OF EVERY INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT DURING THE PAST FIVE (5) YEARS; ~~-(G)-~~
  - 2) A COPY OF EVERY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT DURING THE PAST FIVE (5) YEARS; ~~-(G)-~~
  - 3) A DESCRIPTION OF THE SERVICES PROVIDED BY THE FACILITY AND THE RATES CHARGED FOR THOSE SERVICES AND ITEMS FOR WHICH A RESIDENT MAY BE SEPARATELY CHARGED; ~~-(G)-~~
  - 4) A COPY OF THE STATEMENT OF OWNERSHIP REQUIRED BY SECTION 3-207 OF THE "NURSING HOME CARE REFORM ACT OF 1979"; ~~-(G)-~~
  - 5) A RECORD OF PERSONNEL EMPLOYED OR RETAINED BY THE FACILITY WHO ARE LICENSED, CERTIFIED OR REGISTERED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION; AND ~~-(G)-~~
  - 6) A COMPLETE COPY OF THE MOST RECENT INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.250 Ownership Disclosure  
EMERGENCY

- a) AS A CONDITION OF THE ISSUANCE OR RENEWAL OF THE LICENSE OF ANY FACILITY, THE APPLICANT SHALL FILE A STATEMENT OF OWNERSHIP. THE APPLICANT SHALL NOTIFY THE Department of any change in ~~AGREE TO-UPDATE- THE INFORMATION REQUIRED IN THE STATEMENT OF OWNERSHIP WITHIN 10 DAYS OF THE CHANGE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-207(a))~~ ~~EVERY SIX (6) MONTHS FROM THE INITIAL DATE OF FILING IF THERE IS ANY CHANGE.~~ ~~-(G)-~~



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## Section 390.250 (continued)

b) A statement of ownership shall include the following:

- 1) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity designated as the operator/licensee of the facility which is the subject of the application or license; ~~-(C)-~~
- 2) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity that owns the building in which the operator/licensee is operating the facility which is the subject of the application or license; and ~~-(C)-~~
- 3) THE ADDRESS OF ANY FACILITY, WHEREVER LOCATED, IN WHICH THE APPLICANT HAS ANY OWNERSHIP INTEREST. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.272 Determination to Issue a Notice of Violation or  
EMERGENCY Administrative Warning

a) Upon receipt of a report of an inspection, survey or evaluation of a facility, the Director or his designee shall review the findings contained in the report to determine WHETHER THE REPORT'S FINDINGS CONSTITUTE A VIOLATION OR VIOLATIONS OF WHICH THE FACILITY MUST BE GIVEN NOTICE AND WHICH THREATEN THE HEALTH, SAFETY, OR WELFARE OF A RESIDENT OR RESIDENTS. All information, evidence, and observations made during an inspection, survey or evaluation shall be considered findings or deficiencies.

b) In making this determination, the Director or his designee shall consider any COMMENTS AND DOCUMENTATION PROVIDED BY THE FACILITY within 10 days of receipt of the report in accordance with Section 390.200(c).

c) In determining whether the findings warrant the issuance of a notice

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## Section 390.272(c) (continued)

of violation, the Director or his designee shall base his determination on the following factors:

- 1) THE SEVERITY OF THE FINDING. The Director or his designee will consider whether the finding constitutes a merely technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the standard.
- 2) THE DANGER POSED TO RESIDENT HEALTH AND SAFETY. The Director or his designee will consider whether the finding could pose any direct ~~or indirect~~ harm to the residents.
- 3) THE DILIGENCE AND EFFORTS TO CORRECT DEFICIENCIES AND CORRECTION OF REPORTED DEFICIENCIES BY THE FACILITY. Consideration will be given to any evidence provided by the facility in its comments and documentation that steps have been taken to reduce noted findings and to insure a reduction of deficiencies.
- 4) THE FREQUENCY AND DURATION OF SIMILAR FINDINGS IN PREVIOUS REPORTS AND THE FACILITY'S GENERAL INSPECTION HISTORY. The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the DEPARTMENT SHALL ISSUE AN ADMINISTRATIVE WARNING as provided in Section 390.277. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))

e) ~~---~~ VIOLATIONS SHALL BE DETERMINED UNDER THIS SECTION NO LATER THAN 60 DAYS AFTER COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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## Section 390.274 Determination of the Level of a Violation

## EMERGENCY

a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director or his designee will review the findings which are the basis of the violation and any comments and documentation provided by the facility to determine the level of the violation. Each violation shall be determined to be either a level A ~~or level B~~ ~~or level C~~ violation based on the criteria outlined in this Section.

b) The following definitions of levels of violations shall be used in determining the level of each violation:

1) A "level A violation" or "type A violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM WILL RESULT THEREFROM. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4151-129)

2) A "level B violation" or "type B violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-310)

~~3) A "level C violation" or "type C violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY WHICH INDIRECTLY THREATENS THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-131)~~

c) In determining the level of a violation, the Director or his designee shall consider the following criteria:

1) The specific requirements of this Part which have been violated and the designated level of violation for those provisions.

A) The designated level of violation is indicated by the letter or letters in parentheses following specific provisions. The presence of more than one letter following a specific provision indicates that the provision may be applicable to different levels of violation. The absence of any letter following a specific provision indicates that no designated level of violation applicable to that provision has been determined.

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## Section 390.274(c)(1) (continued)

B) The designated level of violation will be considered in conjunction with the other criteria contained in subsections (c)(2) and (c)(3) of this Section which may increase or decrease the level of violation cited for a specific violation, except that no violation ~~of a~~ ~~requirement designated as level C~~ will be cited as a level B violation unless there is a direct threat to the health, safety or welfare of a resident, or as a level A violation unless there is a substantial probability of the death of a resident or serious mental or physical harm to a resident.

2) The degree of danger to the resident or residents which is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:

A) Whether the resident or residents of the facility are able to recognize conditions or occurrences which may be harmful and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the residents as indicated by review of patient needs will be considered in relation to this determination.

B) Whether the resident or residents have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting resident access to hazardous areas will be considered.

C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.

D) Whether the resident or residents of the facility were notified of the condition or occurrence and the promptness of such notice. Failure of the facility to notify residents of potentially harmful conditions or occurrences will be considered. The adequacy of the method of such notification and the extent to which such notification reduced the potential danger to the residents will also be considered.

3) The directness and imminence of the danger to the resident or residents by the condition or occurrence in the facility. In



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## Section 390.274(c)(3) (continued)

assessing the directness and imminence of the danger, the following factors will be considered:

- A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a resident or residents resulted from the condition or occurrence and the extent of such harm.
- B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.
- C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.
- D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.
- E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.276 Notice of Violation  
EMERGENCY

- a) EACH NOTICE OF VIOLATION SHALL BE IN WRITING AND SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) A description of the NATURE OF THE VIOLATION.
- 2) A citation of the specific STATUTORY PROVISION OR RULE which the Department believes has been violated. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-301)
- 3) A statement of the level of the violation as determined pursuant

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## Section 390.276(a)(3) (continued)

to Section 390.274.

- 4) One of the following requirements for corrective action:

- A) For level A violations, a statement that necessary corrective action to ABATE OR ELIMINATE the violation must be taken IMMEDIATELY or within a specific FIXED PERIOD OF TIME NOT EXCEEDING 15 DAYS. In setting this period, the Department will consider whether harm to residents of the facility is imminent, whether necessary precautions can be taken to protect residents before the corrective action is completed, and whether delay would pose additional risks to the residents.
- B) For level B violations ~~and level C violations~~, a REQUEST that the facility submit A PLAN OF CORRECTION WITHIN 10 DAYS OF THE RECEIPT OF THE NOTICE OF VIOLATION pursuant to Section 3-303 of the Act (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303) and Section 390.278 of this Part.
- 5) A statement that the Department may take additional action under the Act, including assessment of penalties or licensure action.
- 6) A description of the licensee's right to appeal the notice and its right to a hearing.
- b) Each notice of violation shall be sent to the facility and the licensee ~~by registered mail~~ or served personally at the facility WITHIN TEN DAYS after the Director or his designee determines that issuance of a notice of violation is warranted under Section 390.272 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-301).

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.277 Administrative Warning  
EMERGENCY

- a) Each administrative warning shall be in writing and shall include the following information:

- 1) A description of the nature of the violation.
- 2) A citation of the specific statutory provision or rule which the

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## Section 390.277(a)(2) (continued)

Department believes has been violated.

- 3) A statement that the FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE SITUATION, CONDITION, OR PRACTICE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))
- b) Each administrative warning shall be sent to the facility and the licensee or served personally at the facility within ten days after the Director or his designee determines that issuance of an administrative warning is warranted under Section 390.272.
- c) The facility is not required to submit a plan of correction in response to an administrative warning.
- d) If the Department finds, during THE NEXT ON-SITE INSPECTION WHICH OCCURS MORE THAN 90 DAYS AFTER THE ISSUANCE OF THE ADMINISTRATIVE WARNING, that the facility has not CORRECTED THE SITUATION, CONDITION, OR PRACTICE WHICH RESULTED IN THE ISSUANCE OF THE ADMINISTRATIVE WARNING, the Department shall notify the facility of the finding. The facility must then SUBMIT A WRITTEN PLAN OF CORRECTION as provided in Section 390.278. The Department will consider the plan of correction and take any necessary action in accordance with Section 390.278. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(b))

(Source: Emergency rule added at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.278 Plans of Correction  
EMERGENCY

- a) A FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF A NOTICE OF VIOLATION FOR A LEVEL B -OR- LEVEL C- VIOLATION, or after receipt of a notice under Section 390.277(d) of failure to correct a situation, condition, or practice which resulted in the issuance of an administrative warning, TO PREPARE AND SUBMIT A PLAN OF CORRECTION to the Department.
- b) Within the 10-day period, a facility may request additional time for submission of the plan of correction. The Department will extend the period for submission of the plan of correction for an additional 30 days, when it finds that corrective action by a facility to abate or eliminate the violation will require SUBSTANTIAL CAPITAL IMPROVEMENT. The Department will consider the extent and complexity

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## Section 390.278(b) (continued)

- of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the residents of the facility in determining whether to grant a requested extension.
- c) Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:
    - 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
    - 2) A description of the steps which will be taken to avoid future occurrences of the same and similar violations.
    - 3) A specific date by which the corrective action will be completed.
  - d) Submission of a plan of correction shall not be considered an admission by the facility that the violation has occurred.
  - e) The Department shall review each plan of correction to insure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan only if it finds any of the following deficiencies:

- 1) The plan does not appear to address the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences.
- 2) The plan is not specific enough to indicate the actual actions the facility will be taking to abate, eliminate, or correct the violation.
- 3) The plan does not provide for measures which will abate or eliminate, or correct the violation.
- 4) The plan does not provide steps which will avoid future occurrences of the same and similar violations.
- 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation.



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Section 390.278(e)(5) (continued)

any possible harm to the residents, and the extent and complexity of the corrective action.

- f) When the Department rejects a submitted plan of correction, it shall notify the facility. The notice of rejection shall be in writing and shall specify THE REASON FOR THE REJECTION. THE FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF THE NOTICE OF REJECTION TO SUBMIT A MODIFIED PLAN.
- g) If a facility fails to submit a plan or modified plan meeting the criteria in subsection (c) within the prescribed time periods in subsection (a) or subsection (d), AN APPROVED PLAN OF CORRECTION WILL BE IMPOSED BY THE DEPARTMENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303(b))
- h) The Department shall verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys and evaluations of the facility.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.282 Conditions for Assessment of Penalties  
EMERGENCY

The Department shall consider the assessment of a monetary penalty against a facility under the following conditions:

- a) When a notice of violation for a level A violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$5000 as determined by the Director or his designee considering the factors outlined in Section 390.286(a), or
    - B) The total of the following:
      - 1) \$5 PER RESIDENT IN THE FACILITY, PLUS
      - ii) \$.20 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION

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Section 390.282(a)(1)(B)(ii) (continued)

IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(1))

- 2) The facility shall also be issued a conditional license for a period of six months as provided in Section 390.260.
- b) When a facility fails to abate or eliminate a level A violation immediately or within the period set by the Department in the notice of violation pursuant to Section 390.276(a)(4)(A).
  - 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be three times the penalty computed under subsection (a)(1) of this Section.
  - 3) The license of the facility shall be revoked as provided in Section 390.180.
- c) When a notice of violation for a level B violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$500 as determined by the Director or his designee considering the factors outlined in Section 390.286(a), or
    - B) The total of the following:
      - i) \$3 PER RESIDENT IN THE FACILITY, PLUS
      - ii) \$.15 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(2))
  - 2) Upon acceptance of a plan of correction by the Department, assessment of the penalty shall be suspended by the Department. No additional penalty shall be imposed for days during which the plan of correction is in effect.
- d) When a facility fails to correct a level B violation within the time period specified in the plan of correction approved by the Department.

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- 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be computed in accordance with subsection (c)(1) of this Section. Days during which the plan of correction was in effect shall be included in the calculation of the penalty.
  - 3) The facility shall also be issued a conditional license for a period of at least six months as provided in Section 390.260.
- ~~e) When a facility fails to implement the corrective action required in the plans of correction for ten or more level C violations within the time period required in the plans of correction approved by the Department and fails to substantiably address the issues raised by the violations routinely throughout the facility--~~
- ~~1) The facility shall be cited for repeat violations--~~
  - ~~2) The penalty to be assessed shall be calculated as the total of the following:--~~
    - ~~A) \$150 PER RESIDENT IN THE FACILITY, PLUS--~~
    - ~~B) \$10 PER RESIDENT FOR EACH DAY OF THE REPEAT VIOLATIONS, COMMENCING ON THE DAY ON WHICH THE NOTICES OF THE REPEAT VIOLATIONS ARE RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(3))--~~
- ~~e) WHEN A NOTICE OF VIOLATION IS ISSUED FOR A VIOLATION OF ARTICLE II OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-101 through par. 4152-212) WITH REGARD TO THE RIGHTS OF A PARTICULAR RESIDENT OF THE FACILITY, THE DEPARTMENT SHALL ORDER THE FACILITY TO REIMBURSE THE RESIDENTS FOR ANY INJURIES INCURRED OR IF THE AMOUNT OF THE INJURIES IS LESS THAN \$100, THE DEPARTMENT SHALL ORDER THE FACILITY TO PAY \$100 TO THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(6) --)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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Section 390.284 Calculation of Penalties  
EMERGENCY

- a) For the purpose of calculating penalties as provided in Section 390.282, EACH DAY ON WHICH A VIOLATION CONTINUES TO EXIST AFTER THE DAY ON WHICH NOTICE OF THE VIOLATION IS RECEIVED BY THE FACILITY SHALL BE CONSIDERED A SEPARATE VIOLATION. The Department shall not be required to send additional notices of violation to the facility for such continuing violations. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-302)
- b) For purposes of calculating penalties as provided in Section 390.282, THE NUMBER OF RESIDENTS IN THE FACILITY AND THE NUMBER OF RESIDENTS ON EACH DAY SHALL BE CALCULATED AS THE AVERAGE NUMBER OF RESIDENTS IN THE FACILITY DURING THE THIRTY DAYS IMMEDIATELY PRECEDING THE DAY ON WHICH THE FINDINGS WERE MADE IN THE FACILITY AND THE CONDITIONS OR OCCURRENCES DETERMINED TO BE A VIOLATION WERE DISCOVERED. The number of residents in the facility on the day on which the findings were made in the facility will be considered to be the same as the average number of residents in the facility during the preceding thirty days, unless evidence is provided by the facility substantiating that the average number of residents for that period was different. Changes in the number of residents in the facility subsequent to the day on which the findings were made shall not be considered in the calculation. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(5) --(6)--)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.290 Quarterly List of Violators  
EMERGENCY

- a) THE DEPARTMENT SHALL PREPARE ON A QUARTERLY BASIS A LIST CONTAINING THE NAMES AND ADDRESSES OF ALL FACILITIES AGAINST WHICH THE DEPARTMENT DURING THE PREVIOUS QUARTER HAS:
  - 1) Issued a NOTICE OF PENALTY ASSESSMENT for a level A violation as provided in Section 390.286 and Section 3-305(a) of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-305(a)). ~~sent a notice under Section 3-307 regarding a penalty assessment under subsections (1), (3), (4) or (5) of Section 3-305.~~
  - 2) Issued a NOTICE OF REVOCATION of the facility's license as provided in Section 390.180 and ~~sent a notice of license revocation under~~ Section 3-119 of the Act (Ill. Rev. Stat.



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Section 390.290(a)(2) (continued)

- 1987, ch. 111 1/2, par. 4153-119). ~~+~~
- 3) Issued a NOTICE REFUSING RENEWAL of the facility's license as provided in Section 390.175 and ~~sent a notice refusing renewal of a license under~~ Section 3-119 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ~~+~~
- 4) Issued a NOTICE TO SUSPEND the facility's license as provided in ~~sent a notice to suspend a license under~~ Section 3-119 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ~~+~~
- 5) ISSUED A CONDITIONAL LICENSE to the facility based on violations which were NOT CORRECTED as provided in Section 390.260 and Section 3-313 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ~~Issued a conditional license for violations and penalties described under Sections 3-301 and 3-302.~~
- 6) PLACED A MONITOR IN THE FACILITY as provided in Section 390.270 and Section 3-501 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-501) for one of the following reasons: ~~placed a monitor under subsections (a), (b) and (c) of Section 3-501 and under subsection (d) of such Section where license revocation or nonrenewal notices have also been issued.~~
- A) The facility is operating without a license.
- B) The Department has revoked or refused to renew the license of the facility.
- C) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure.
- D) The Department determines that an emergency exists and HAS ISSUED A NOTICE OF REVOCATION OR NONRENEWAL against the facility's license.

7) INITIATED AN ACTION TO APPOINT A RECEIVER. ~~+~~

8) RECOMMENDED TO THE DIRECTOR OF THE DEPARTMENT OF PUBLIC AID, OR THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE DECERTIFICATION FOR VIOLATIONS IN RELATION TO PATIENT CARE OF A FACILITY PURSUANT TO TITLES XVIII AND XIX (42 U.S.C. Sections 1395 et seq. and 1396 et seq.) OF THE

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Section 390.290(a)(8) (continued)

FEDERAL SOCIAL SECURITY ACT. (111. Rev. Stat. 1985 Supp. 1987, ch. 111 1/2, par. 4153-304(a))

- b) IN ADDITION TO THE NAME AND ADDRESS OF THE FACILITY, THE LIST SHALL INCLUDE THE NAME AND ADDRESS OF THE PERSON OR LICENSEE AGAINST WHOM THE ACTION HAS BEEN INITIATED, A SELF-EXPLANATORY SUMMARY OF THE FACTS WHICH WARRANTED THE INITIATION OF EACH ACTION, THE TYPE OF ACTION INITIATED, THE DATE OF THE INITIATION OF THE ACTION, THE AMOUNT OF THE PENALTY SOUGHT TO BE ASSESSED, IF ANY, AND THE FINAL DISPOSITION OF THE ACTION, IF COMPLETED. (111. Rev. Stat. 1985 Supp. 1987, ch. 111 1/2, par. 4153-304(b))

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.300 Alcoholism Treatment Programs in Long-Term Care Facilities  
EMERGENCY

- a) A LONG-TERM CARE FACILITY THAT DESIRES TO PROVIDE AN ALCOHOLISM TREATMENT PROGRAM MUST FIRST RECEIVE WRITTEN APPROVAL FROM BOTH THE DIVISION OF HEALTH FACILITIES SURVEILLANCE AND THE DIVISION OF HEALTH FACILITIES STANDARDS. SUCH APPROVAL WILL BE GRANTED ONLY IF IT CAN BE SHOWN THAT SUCH PROGRAM WILL NOT INTERFERE IN ANY WAY WITH THE RESIDENTS IN THE OTHER PARTS OF THE FACILITY. ~~+~~
- b) Any alcoholism treatment program in a long-term care facility must meet the program standards of the rules for Alcoholism and Intoxication Treatment Programs (77 Ill. Adm. Code 2007), as promulgated by the Illinois Department of Public Health under the Alcoholism Treatment Licensing Act. (111. Rev. Stat. 1979, ch. 111 1/2, par. 2301 et seq.) ~~+~~
- c) The alcoholism treatment program must be in a completely separate distinct part of the long-term care facility, and must include all beds in that distinct part. It must be completely separated from the rest of the facility, and have separate entrances. ~~+~~
- d) Beds designated for alcoholism treatment cannot be used for long-term care residents, nor can beds designated for long-term care residents be used for residents undergoing treatment for alcoholism. ~~+~~
- e) The alcoholism treatment program staff will not be utilized in performing services in the long-term care area of the facility, nor will long-term care program staff be utilized to provide any services

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## Section 390.300(e) (continued)

## Section 390.330(b) (continued)

in the alcoholism treatment designated area. ~~-(G)-~~

Act, The - as used in these standards, the "Nursing Home Care Reform Act of 1979, as amended."

- f) There may be joint use of laundry, food service, housekeeping and administrative services, provided written approval is obtained from the Division of Health Facilities Surveillance. Such approval will be granted only if it can be shown that such joint usage will not interfere in any way with the residents in other parts of the facility. ~~-(G)-~~

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 390.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a level A or level B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

## Affiliate means:

With respect to a partnership, each partner thereof.

With respect to a corporation, each officer, director and stockholder thereof.

With respect to a natural person: any person related in the first degree of kinship to that person; each partnership

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.330 Definitions  
EMERGENCY

- a) Each definition is considered to be a separate rule, but they are not given individual numbers because they are listed alphabetically, and numbers would have to be changed each time a new definition was added or deleted.
- b) The terms defined below are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

ABUSE - ANY PHYSICAL OR MENTAL INJURY OR SEXUAL ASSAULT INFLICTED ON A RESIDENT OTHER THAN BY ACCIDENTAL MEANS IN A FACILITY.

ACCESS - THE RIGHT TO:

ENTER ANY FACILITY;

COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT WHO CONSENTS TO THE COMMUNICATION;

SEEK CONSENT TO COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT;

INSPECT THE CLINICAL AND OTHER RECORDS OF A RESIDENT WITH THE EXPRESS WRITTEN CONSENT OF THE RESIDENT;

OBSERVE ALL AREAS OF THE FACILITY EXCEPT THE LIVING AREA OF ANY RESIDENT WHO PROTESTS THE OBSERVATION.



## Section 390.330(b) (continued)

and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder.

Aide or Orderly - any person providing direct personal care, training and/or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license.

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, psychosocial, etc., aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; Mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

## Section 390.330(b) (continued)

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in these regulations means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a charge nurse is a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Child Care/Habilitation Aide - any person who provides nursing, personal or rehabilitative care to residents of licensed Long-Term Care Facilities for Persons Under Twenty-Two Years of Age, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render such care. Child Care/Habilitation aides must function under the supervision of a licensed nurse.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Community Living Facility - see Facility, Community Living.

Section 390.330(b) (continued)

CONTINUING-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL FORMS OF FINANCIAL SUPPORT FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

Contract - a binding agreement between a resident or his guardian or if the resident is a minor, his parent and the facility or its agent.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. Examples of physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Dental Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 2202 et seq.).

Department - as used in these standards means the Illinois Department of Public Health.

Developmentally Disabled - those individuals whose disability is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other pathological conditions which generally originate before such individuals attain age eighteen (18), and which continue, or can be expected to continue, indefinitely, and which constitute a substantial functioning handicap to such individuals.

Developmental Disability - a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairment or combination of mental and physical impairments;

is manifest before age twenty-two (22);

is likely to continue indefinitely;

Section 390.330(b) (continued)

results in substantial functional limitations in three (3) or more of the following areas of major life activities:

self-care;

receptive and expressive language;

learning;

mobility;

self-direction;

capacity for independent living; and

economic self-sufficiency; and

reflects the persons's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and individually planned and coordinated.

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate of a Department-approved course that provides ninety (90) or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has training and experience in food service supervision and management in a military service equivalent in content to the program in paragraph (2) or (3) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or



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has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one (1) year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

## DIRECTOR - THE DIRECTOR OF PUBLIC HEALTH OR HIS DESIGNEE.

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

## DISCHARGE - THE FULL RELEASE OF ANY RESIDENT FROM A FACILITY.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

EMERGENCY - A SITUATION, PHYSICAL CONDITION OR ONE OR MORE PRACTICES, METHODS OR OPERATIONS WHICH PRESENT IMMINENT DANGER OF DEATH OR SERIOUS PHYSICAL OR MENTAL HARM TO RESIDENTS OF A FACILITY.

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Equivalent of a Graduate Licensed Practical Nurse - a licensed practical nurse, licensed by waiver who successfully passes the proficiency examination approved by the U.S. Department of Health and Human Services shall be considered the equivalent of a licensed practical nurse who is a graduate of an approved school of practical nursing for the purposes of these standards.

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## Section 390.330(b) (continued)

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Community Living - a place of residence as limited in these standards for between five (5) and eighty (80) ambulatory adults who are mildly or moderately mentally retarded with a potential for being absorbed into the mainstream of community life.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in these standards is a facility of three (3) or more persons, or distinct part thereof, serving residents of which more than fifty (50) percent are developmentally disabled. Facilities with any number less than fifty (50) percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support and training programs, must comply with the program requirements in these minimum Standards.

FACILITY OR LONG-TERM CARE FACILITY - A PRIVATE HOME, INSTITUTION, BUILDING, RESIDENCE, OR ANY OTHER PLACE, WHETHER OPERATED FOR PROFIT OR NOT, OR A COUNTY HOME FOR THE INFIRM AND CHRONICALLY ILL OPERATED PURSUANT TO "THE COUNTY HOME ACT" (Ill. Rev. Stat. 1983, ch. 53, par. 61 et seq.), AS NOW OR HEREAFTER AMENDED, OR BY A COUNTY PURSUANT TO "AN ACT IN RELATION TO HOMES FOR THE AGED", APPROVED JULY 21, 1959 (Ill. Rev. Stat. 1983, ch. 34, par. 3561 et seq.) as now or hereafter amended, OR ANY SIMILAR INSTITUTION OPERATED BY A POLITICAL SUBDIVISION OF THE STATE OF ILLINOIS, WHICH PROVIDES, THROUGH ITS OWNERSHIP OR MANAGEMENT, PERSONAL CARE, SHELTERED CARE OR NURSING FOR THREE

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## Section 390.330(b) (continued)

(3) OR MORE PERSONS, NOT RELATED TO THE APPLICANT OR OWNER BY BLOOD OR MARRIAGE. IT INCLUDES SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES AS THOSE TERMS ARE DEFINED IN TITLE XVIII AND TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT (42 U.S.C.A. 1395 ET SEQ. AND 1936 ET SEQ.). A "FACILITY" MAY CONSIST OF MORE THAN ONE BUILDING AS LONG AS THE BUILDINGS ARE ON THE SAME TRACT, OR ADJACENT TRACTS OF LAND. HOWEVER, THERE SHALL BE NO MORE THAN ONE "FACILITY" IN ANY ONE BUILDING. "FACILITY" DOES NOT INCLUDE THE FOLLOWING:

A HOME INSTITUTION, OR OTHER PLACE OPERATED BY THE FEDERAL GOVERNMENT OR AGENCY THEREOF, OR BY THE STATE OF ILLINOIS;

A HOSPITAL, SANITARIUM, OR OTHER INSTITUTION WHOSE PRINCIPAL ACTIVITY OR BUSINESS IS THE DIAGNOSIS, CARE, AND TREATMENT OF HUMAN ILLNESS THROUGH THE MAINTENANCE AND OPERATION AS ORGANIZED FACILITIES THEREFOR, WHICH IS REQUIRED TO BE LICENSED UNDER THE "HOSPITAL LICENSING ACT" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 142 et seq.) AS NOW OR HEREFTER AMENDED; OR

ANY "FACILITY FOR CHILD CARE" AS DEFINED IN THE "CHILD CARE ACT OF 1969" (Ill. Rev. Stat. 1983, ch. 23, par. 2211 et seq.) AS NOW OR HEREFTER AMENDED.

Facility, Long-Term Care, for Residents Under Twenty-two (22) Years of Age - when used in these standards is synonymous with a long-term care facility for residents under twenty-two (22) years of age, which facility provided total rehabilitative health care to residents who require specialized treatment, training and continuous nursing care because of medical and/or developmental disabilities.

Facility, Sheltered Care - when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance, and personal care and/or oversight.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

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## Section 390.330(b) (continued)

Financial Responsibility - sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two (2) month period of time.

Full-time - means on duty a minimum of thirty-six (36) hours, four (4) days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

GUARDIAN - A PERSON APPOINTED AS A GUARDIAN OF THE PERSON OR GUARDIAN OF THE ESTATE OR BOTH, OF A RESIDENT UNDER THE "PROBATE ACT OF 1975" (Ill. Rev. Stat. 1983, ch. 110 1/2, par. 1-1 et seq.) AS NOW OR HEREFTER AMENDED.

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not for profit corporation incorporated under, or qualified as a foreign corporation under, the "General Not For Profit Corporation Act" approved July 17, 1943, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 32, par. 163a et seq.); or, by a county pursuant to "An Act in relation to homes for the aged", approved July 21, 1959, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 34, par. 3561 et seq.); or, pursuant to a trust or endowment established for



## Section 390.330(b) (continued)

nonprofit, charitable purposes, and which provides maintenance, personal care, nursing or sheltered care to three (3) or more residents, ninety percent of whom are sixty (60) or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

House Manager - a qualified person on duty forty (40) hours a week managing the Community Living Facility and responsible for its operation and its inhabitants.

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in these regulations means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1967 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF/DD's) at least one member of the team shall be a Qualified Mental Retardation Professional.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the "Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.), as now or hereafter amended.

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

LICENSEE - THE PERSON OR ENTITY LICENSED TO OPERATE THE FACILITY

## Section 390.330(b) (continued)

AS PROVIDED UNDER THE ACT.

LIFE-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

MAINTENANCE - FOOD, SHELTER, AND LAUNDRY SERVICES.

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

Mobile Resident - any resident who is able to move about either independently or with the aid of assistive devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

MONITOR - A QUALIFIED PERSON PLACED IN A FACILITY BY THE DEPARTMENT TO OBSERVE OPERATIONS OF THE FACILITY, ASSIST THE FACILITY BY ADVISING IT ON HOW TO COMPLY WITH THE STATE

Section 390.330(b) (continued)

REGULATIONS, AND WHO REPORTS PERIODICALLY TO THE DEPARTMENT ON THE OPERATIONS OF THE FACILITY.

Multidisciplinary - see Interdisciplinary Team.

NEGLECT - A FAILURE IN A FACILITY TO PROVIDE ADEQUATE MEDICAL OR PERSONAL CARE OR MAINTENANCE, WHICH FAILURE RESULTS IN PHYSICAL OR MENTAL INJURY TO A RESIDENT OR IN THE DETERIORATION OF A RESIDENT'S PHYSICAL OR MENTAL CONDITION.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

NURSE - A REGISTERED NURSE OR A LICENSED PRACTICAL NURSE AS DEFINED IN "THE ILLINOIS NURSING ACT" (Ill. Rev. Stat. 1983, ch. 111, par. 3401 et seq.) AS NOW OR HEREFTER AMENDED.

Nursing Assistant - Any person who provides nursing care and/or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

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Section 390.330(b) (continued)

Nursing Unit - a physically identifiable distinct part of a facility consisting of all the beds within the distinct part, but having no more than seventy-five (75) beds, none of which are more than one-hundred twenty (120) feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Registration and Education as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Occupational Therapy Assistant - a person who is registered with the Department of Registration and Education as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Oversight - general watchfulness and appropriate action to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

OWNER - THE INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION OR OTHER PERSON WHO OWNS A FACILITY. IN THE EVENT A FACILITY IS OPERATED BY A PERSON WHO LEASES THE PHYSICAL PLANT, WHICH IS OWNED BY ANOTHER PERSON, "OWNER" MEANS THE PERSON WHO OPERATES THE FACILITY, EXCEPT THAT IF THE PERSON WHO OWNS THE PHYSICAL PLANT IS AN AFFILIATE OF THE PERSON WHO OPERATES THE FACILITY AND HAS SIGNIFICANT CONTROL OVER THE DAY-TO-DAY OPERATIONS OF THE FACILITY, THE PERSON WHO OWNS THE PHYSICAL PLANT SHALL INCUR JOINTLY AND SEVERALLY WITH THE OWNER ALL LIABILITIES IMPOSED ON AN OWNER UNDER THE ACT.

Person - any individual, partnership, corporation, association,



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## Section 390.330(b) (continued)

municipality, political subdivision, trust, estate or other legal entity whatsoever. Person in Need of Mental Treatment - any person who is mentally ill and who, because of his illness, is reasonably expected to inflict serious physical harm upon himself or another in the near future or is unable to provide for his basic physical needs so as to guard himself from serious harm.

PERSONAL CARE - ASSISTANCE WITH MEALS, DRESSING, MOVEMENT, BATHING, OR OTHER PERSONAL NEEDS, OR GENERAL SUPERVISION AND OVERSIGHT OF THE PHYSICAL AND MENTAL WELL-BEING OF AN INDIVIDUAL, EXCLUSIVE OF NURSING, WHO BECAUSE OF AGE, PHYSICAL OR MENTAL DISABILITY, EMOTIONAL OR BEHAVIOR DISORDER, OR MENTAL RETARDATION IS INCAPABLE OF MAINTAINING A PRIVATE, INDEPENDENT RESIDENCE, OR WHO IS INCAPABLE OF MANAGING HIS PERSON WHETHER OR NOT A GUARDIAN HAS BEEN APPOINTED.

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 4002 et seq.).

Physical Therapy Assistant - a person who has graduated from a two (2) year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Registration and Education as a physical therapist under the Illinois Physical Therapy License Act (Ill. Rev. Stat. 1983, ch. 111 par. 4201 et seq.).

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the "Medical Practice Act" (Ill. Rev. Stat. 1983, ch. 111, par. 4401 et seq.).

Probationary License - an initial license issued for a period of one hundred twenty (120) days during which time the Department will determine the qualifications of the applicant.

Program Coordinator - a qualified person directly responsible for the overall program, operation and management of a Community Living Facility.

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.330(b) (continued)

Psychiatrist - a physician who has had at least three (3) years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is registered with the Illinois Department of Registration and Education to practice clinical psychology.

Qualified Mental Retardation Professional - a person who is:

an educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded.

a physical or occupational therapist who has specialized training or one (1) year of experience in treating the mentally retarded.

a physician licensed by the State of Illinois to practice medicine or osteopathy and with specialized training or one (1) year of experience in treating the mentally retarded.

a psychologist with at least a Master's Degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded.

a registered nurse with a valid current Illinois registration to practice as a registered professional nurse who has specialized training or one (1) year of experience in treating the mentally retarded.

a speech pathologist or audiologist who has specialized training or one (1) year of experience in treating the mentally retarded.

a registered social worker with a Bachelor's Degree in social work from an accredited program, or a Bachelor's Degree in a field other than social work and at least three (3) years social work experience under the supervision of a qualified social worker, and with specialized training or with one (1) year of experience in working with the mentally retarded.

a therapeutic recreation specialist who is a graduate of an accredited program and eligible for certification by the

Section 390.330(b) (continued)

National Council for Therapeutic Recreation Certification, and who has specialized training or one (1) year experience working with the mentally retarded.

a rehabilitation counselor who is certified by the Commission on Rehabilitation Counselor Certification and who has specialized training or one (1) year of experience in treating the mentally retarded.

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, certified, etc. by the State of Illinois, if required.

REASONABLE VISITING HOURS - ANY TIME BETWEEN THE HOURS OF 10 A.M. AND 8 P.M. DAILY.

Registered Nurse - a person with a valid Illinois registration to practice as a registered professional nurse.

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two (2) or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

RESIDENT - PERSON RESIDING IN AND RECEIVING PERSONAL CARE FROM A FACILITY.

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

RESIDENT'S REPRESENTATIVE - A PERSON OTHER THAN THE OWNER, OR AN

Section 390.330(b) (continued)

AGENT OR EMPLOYEE OF A FACILITY NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED.

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint - any physical, mechanical, or chemical means, or the use thereof, that restricts movement of the limbs, head, or body of a resident, except when used as a safety device or as part of a medically prescribed procedure for the treatment of an existing physical disorder or the amelioration of a physical or emotional handicap.

Mechanical restraint is any mechanical device, or use thereof, that so restricts movement.

Physical restraint is the use of personal human force that so restricts movement.

Chemical restraint is the use if any chemical that so restricts movement.

Mechanical supports used to achieve proper body position and balance are not restraints. The partial or total immobilization of a resident for the purpose of performing a medical/surgical procedure is not restraint.

Restriction - the placement of a limitation on a resident's rights, which includes the use of restraints, confinement, aversive stimuli, and time out exceeding fifteen (15) minutes at any one time.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric and/or adaptive chairs, a wide band (minimum width six (6) inches), vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's



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## Section 390.330(b) (continued)

self.

Satisfactory - same as adequate

Seclusion - the retention of a resident in a room which he cannot open.

Self Preservation - the ability to follow directions and/or recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

SHELTERED CARE - MAINTENANCE AND PERSONAL CARE.

Social Worker, Qualified - a person who:

is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and has one (1) year of social work experience in a health care setting.

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

STOCKHOLDER OF A CORPORATION - ANY PERSON WHO, DIRECTLY OR INDIRECTLY, BENEFICIALLY OWNS, HOLDS OR HAS THE POWER TO VOTE, AT LEAST 5% OF ANY CLASS OF SECURITIES ISSUED BY THE CORPORATION.

Story - when used in these regulations means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

STUDENT INTERN - MEANS ANY PERSON WHOSE TOTAL TERM OF EMPLOYMENT IN ANY FACILITY DURING ANY 12-MONTH PERIOD IS EQUAL TO OR LESS THAN 90 CONTINUOUS DAYS, AND WHOSE TERM OF EMPLOYMENT IS EITHER:

AN ACADEMIC CREDIT REQUIREMENT IN A HIGH SCHOOL OR

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## Section 390.330(b) (continued)

UNDERGRADUATE INSTITUTION: OR

IMMEDIATELY SUCCEEDS A FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION, PROVIDED THAT SUCH PERSON IS REGISTERED FOR ANOTHER FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION WHICH QUARTER, SEMESTER OR TRIMESTER WILL COMMENCE IMMEDIATELY FOLLOWING THE TERM OF EMPLOYMENT.

Substantial - meeting requirements except for variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 390.280(q)(8), 390.280(k)(2) and 390.280(k)(4).

Substantial failure - the failure to meet requirements other than a variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 390.180(b)(1) and 390.260(f).

Sufficient - Same as adequate

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor must be on the premises if the person does not meet assistant level (two (2) year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

TITLE XVIII - TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT AS

## Section 390.330(b) (continued)

NOW OR HEREAFTER AMENDED.

TITLE XIX - TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREAFTER AMENDED.

TRANSFER - A CHANGE IN STATUS OF A RESIDENT'S LIVING ARRANGEMENTS FROM ONE FACILITY TO ANOTHER FACILITY.

TYPE A VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM TO A RESIDENT WILL RESULT THEREFROM.

TYPE B VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.

~~TYPE C VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY WHICH INDIRECTLY THREATENS THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.~~

Unit - an entire physically identifiable residence area, in Community Living Facilities consisting of not less than five (5) nor more than twenty (20) beds, and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective regulations governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Utensil Sanitizer - an apparatus for sanitizing unwrapped bulky type utensils by using boiling water and steam heat not under pressure.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.500  
EMERGENCY

Administrator

a) There shall be an full-time administrator licensed under the "Illinois Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.) for each licensed facility. The administrator shall be a high school graduate or equivalent and at least eighteen (18) years of age. The licensee will report any change in administrator to the Department, within five (5) days. (B-~~4~~-C)

b) The administrator shall delegate in writing adequate authority to a person at least eighteen (18) years of age who is capable of acting in an emergency during his absence. Such administrative assignment shall not interfere with resident care and supervision. The administrator or the person designated by him/her to be in charge of the facility in his/her absence, shall be deemed by the Department to be the agent of the licensee for the purposes of Section 3-212 of the Nursing Home Care Reform Act, which requires Department staff to provide the licensee with a copy of their report before leaving the facility. (B-~~4~~-C)

c) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. (A, B-~~4~~-C)

d) The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects. ~~(C)~~

e) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council. ~~(C)~~

f) If the facility has an assistant administrator, the Department shall be informed of the name and dates of employment and termination of this person. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)



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Section 390.610 Management Policies  
EMERGENCY

- a) The facility's governing body shall exercise general direction of the facility and shall establish the broad policies for the facility related to its purpose, objectives, operation, and the welfare of the residents served. ~~-(C)-~~
- b) There shall be established a table of organization showing the major operating programs of the facility, with staff divisions, the administrative personnel in charge of programs and divisions, and their lines of authority, responsibilities and communication. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.620 Resident Care Policies  
EMERGENCY

- a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. ~~(B)-(C)~~
- b) These policies shall include:
  - 1) A written statement of the philosophy, objectives and goals the facility is striving to achieve. ~~-(C)-~~
  - 2) A written statement linking the facility's role to the "State Plan for the Developmentally Disabled" as filed with the Secretary of State by the Governor's Planning Council for Developmental Disabilities.
  - 3) A written statement of the facility's goals for its residents. ~~-(C)-~~
  - 4) A written statement of the facility's concept of its relationship to the parents of its residents or to the surrogates. ~~-(C)-~~
  - 5) A written statement concerning admission, transfer, and

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## Section 390.620(b)(5) (continued)

discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, etc. ~~-(C)-~~

- 6) A written statement for resident care services including administrative services, physician services, emergency services, personal care and nursing services, dental services, (re)habilitative services, physical therapy, occupational therapy, psychology, social services, speech pathology and audiology, organized recreational activity services, work activity and/or prevocational, dietary services, resident medical records, pharmaceutical services, diagnostic services (including laboratory and x-ray) and educational services. ~~(B)-(C)-~~

- c) The facility shall have a written agreement with one or more hospitals which indicates that the hospital or hospitals will provide the following services:

- 1) Emergency admissions. ~~-(C)-~~
- 2) Admission to a hospital of residents from the facility who are in need of hospital care. ~~-(C)-~~
- 3) Needed diagnostic services. ~~-(C)-~~
- 4) Any other hospital based services needed by the resident. ~~-(C)-~~
- d) There shall be no post mortems performed in the facility. ~~-(C)-~~
- e) There shall be a policy prohibiting blood transfusions, unless the facility is hospital connected and appropriate services are available in case of an adverse reaction to the transfusions. ~~(B)-(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.630 Admission and Discharge Policies  
EMERGENCY

- a) Residents shall only be admitted who have had a comprehensive evaluation of their medical history, physical, and psycho/social factors, conducted by an appropriately constituted, interdisciplinary

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## Section 390.630(a) (continued)

Section 390.640  
EMERGENCY

Contract Between Resident and Facility

team. No resident determined by professional evaluation to be in need of services not readily available in a particular facility shall be admitted to, or kept in, that facility. Additionally, emotional and cognitive histories shall be evaluated when applicable and available. (B-~~G~~)

b) A facility for persons under twenty-two (22) years of age shall be used exclusively for persons under twenty-two (22) years of age, except when the facility's interdisciplinary team has determined that either initial or continued placement in the facility is appropriate due to the resident's physical and mental functioning status, and that the facility has the service resources to meet the needs of the resident. The facility interdisciplinary team shall further determine that placement shall not constitute a serious danger to the other residents. ~~(C)~~

c) A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident himself or, if a minor, by the resident's parent, or guardian. ~~(C)~~

d) If a resident insists on and is discharged against medical advice, the facts involved in the situation shall be fully documented in his clinical record. ~~(C)~~

e) No resident shall be discharged without the concurrence of the attending physician. If such approval is given, the facility shall have the right to discharge or transfer a resident to an appropriate resource in accordance with Sections 3-401 through 3-423 of the Act. ~~(C)~~

f) No resident shall be admitted with a communicable, contagious or infectious disease as set forth in Section 390.1020(c)(1) through (5) unless the facility is properly staffed and equipped to treat such conditions as approved in writing by the Department. ~~(C)~~

g) A facility shall not admit more residents than the number authorized by the license issued to it. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

a) 1)

BEFORE A PERSON IS ADMITTED TO A FACILITY, OR AT THE EXPIRATION OF THE PERIOD OF PREVIOUS CONTRACT, OR WHEN THE SOURCE OF PAYMENT FOR THE RESIDENT'S CARE CHANGES FROM PRIVATE TO PUBLIC FUNDS OR FROM PUBLIC TO PRIVATE FUNDS, A WRITTEN CONTRACT SHALL BE EXECUTED BETWEEN A LICENSEE AND THE FOLLOWING IN ORDER OF PRIORITY:

A) THE PERSON, OR IF THE PERSON IS A MINOR, HIS PARENT OR GUARDIAN; OR

B) THE PERSON'S GUARDIAN, IF ANY, OR AGENT, IF ANY, AS DEFINED IN SECTION 11a-23 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREFTER AMENDED; OR

C) A MEMBER OF THE PERSON'S IMMEDIATE FAMILY.

2) AN ADULT PERSON SHALL BE PRESUMED TO HAVE THE CAPACITY TO CONTRACT FOR ADMISSION TO A LONG-TERM CARE FACILITY UNLESS HE HAS BEEN ADJUDICATED A "DISABLED PERSON" WITHIN THE MEANING OF SECTION 11a-2 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREFTER AMENDED, OR UNLESS A PETITION FOR SUCH AN ADJUDICATION IS PENDING IN A CIRCUIT COURT OF ILLINOIS.

3) IF THERE IS NO GUARDIAN, AGENT OR MEMBER OF THE PERSON'S IMMEDIATE FAMILY AVAILABLE, ABLE OR WILLING TO EXECUTE THE CONTRACT REQUIRED BY SECTION 2-202 OF THE ACT AND A PHYSICIAN DETERMINES THAT A PERSON IS SO DISABLED AS TO BE UNABLE TO CONSENT TO PLACEMENT IN A FACILITY, OR IF A PERSON HAS ALREADY BEEN FOUND TO BE A "DISABLED PERSON", BUT NO ORDER HAS BEEN ENTERED ALLOWING RESIDENTIAL PLACEMENT OF THE PERSON, THAT PERSON MAY BE ADMITTED TO A FACILITY BEFORE THE EXECUTION OF A CONTRACT REQUIRED BY THAT SECTION; PROVIDED THAT A PETITION FOR GUARDIANSHIP OR FOR MODIFICATION OF GUARDIANSHIP IS FILED WITHIN 15 DAYS OF THE PERSON'S ADMISSION TO A FACILITY, AND PROVIDE FURTHER THAT SUCH A CONTRACT IS EXECUTED WITHIN 10 DAYS OF THE DISPOSITION OF THE PETITION.

4) NO ADULT SHALL BE ADMITTED TO A FACILITY IF HE OBJECTS, ORALLY OR IN WRITING, TO SUCH ADMISSION, EXCEPT AS OTHERWISE PROVIDED IN CHAPTERS III AND IV OF THE "MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE", AS AMENDED, OR SECTION 11a-14.1 OF THE "PROBATE ACT OF 1975", AS AMENDED.



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## Section 390.640(a) (continued)

5) If on the effective date of this Part, a person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of the person, within ten (10) days of the effective date of these rules, unless a petition has been filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or member of the person's immediate family available, able, or willing to execute the contract at that time, then a contract shall be executed within ten (10) days of the disposition of such petition.

b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)." ~~-(G)-~~

c) A RESIDENT SHALL NOT BE DISCHARGED OR TRANSFERRED AT THE EXPIRATION OF THE TERM OF A CONTRACT, EXCEPT AS PROVIDED IN SECTIONS 3-401 THROUGH 3-423 OF THE ACT. ~~-(G)-~~

d) AT THE TIME OF THE RESIDENT'S ADMISSION TO THE FACILITY, A COPY OF THE CONTRACT SHALL BE GIVEN TO THE RESIDENT, HIS GUARDIAN, IF ANY, AND ANY OTHER PERSON WHO EXECUTED THE CONTRACT. ~~-(G)-~~

e) The contract shall be signed by the licensee or his agent. The title of each person signing the contract for the facility shall be clearly indicated next to each such signature. The nursing home administrator may sign as the agent of the licensee. ~~-(G)-~~

f) The contract shall be signed by, or for, the resident, as described in subsection (a) above. If any person other than the principal signatory is to be held individually responsible for payments due under the contract that person shall also sign the contract on a separate signature line labelled "signature of responsible party" or "signature of guarantor." ~~-(G)-~~

g) The contract shall include a definition of "responsible party" or "guarantor" which describes in full the liability incurred by any such person. ~~-(G)-~~

h) A COPY OF THE CONTRACT FOR A RESIDENT WHO IS SUPPORTED BY NONPUBLIC FUNDS OTHER THAN THE RESIDENT'S OWN FUNDS SHALL BE MADE AVAILABLE TO THE PERSON PROVIDING THE FUNDS FOR THE RESIDENT'S SUPPORT. ~~-(G)-~~

i) THE ORIGINAL OR A COPY OF THE CONTRACT SHALL BE MAINTAINED IN THE FACILITY AND BE MADE AVAILABLE UPON REQUEST TO REPRESENTATIVES OF THE

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.640(i) (continued)

DEPARTMENT AND THE DEPARTMENT OF PUBLIC AID. ~~-(G)-~~

j) THE CONTRACT SHALL BE WRITTEN IN CLEAR AND UNAMBIGUOUS LANGUAGE AND SHALL BE PRINTED IN NOT LESS THAN 12 POINT TYPE. ~~-(G)-~~

k) THE CONTRACT SHALL SPECIFY THE TERM OF THE CONTRACT. ~~-(G)-~~

l) 1) THE CONTRACT SHALL SPECIFY THE SERVICES TO BE PROVIDED UNDER THE CONTRACT AND THE CHARGES FOR THE SERVICES.

2) A paragraph shall itemize the services and products to be provided by the facility and express the cost of the itemized services and products to be provided either in terms of a daily, weekly, monthly or yearly rate, or in terms of a single fee. ~~-(G)-~~

m) THE CONTRACT SHALL SPECIFY THE SERVICES THAT MAY BE PROVIDED TO SUPPLEMENT THE CONTRACT AND THE CHARGES FOR THE SERVICES.

1) A paragraph shall itemize all services and products offered by the facility or related institutions which are not covered by the rate or fee established above in subsection (l). If a separate rate or fee for any such supplemental service or product can be calculated with definiteness at the time the contract is executed then such additional cost shall be specified in the contract. ~~-(G)-~~

2) If the cost of any itemized service or product to be provided by the facility or related institutions to the resident cannot be established or predicted with definiteness at the time of the resident's admission to the facility or at the time of the execution of the contract, then no cost for that service or product need be stated in the contract. But the contract shall include a statement explaining the resident's liability for such itemized service or product and explaining that the resident will be receiving a bill for such itemized service or product beyond and in addition to any rate or fee set forth in the contract. ~~-(G)-~~

n) THE CONTRACT SHALL SPECIFY THE SOURCES LIABLE FOR PAYMENTS DUE UNDER THE CONTRACT.

o) 1) THE CONTRACT SHALL SPECIFY THE AMOUNT OF DEPOSIT PAID.

Section 390.640(a) (continued)

- 2) Such amount shall be expressed in terms of a precise number of dollars and be clearly designated as a deposit. The contract shall specify when such deposit shall be paid by the resident and the contract shall specify when such deposit shall be returned by the facility. The contract shall specify the conditions (if any) which must be satisfied by the resident before the facility shall return the deposit. Upon the satisfaction of all such conditions the deposit shall be returned to the resident. If the deposit is nonrefundable the contract shall provide express notice of such nonrefundability. ~~-(G)-~~
- p) THE CONTRACT SHALL SPECIFY THE RIGHTS, DUTIES AND OBLIGATIONS OF THE RESIDENT, EXCEPT THAT THE SPECIFICATION OF A RESIDENT'S RIGHTS MAY BE FURNISHED ON A SEPARATE DOCUMENT WHICH COMPLIES WITH THE REQUIREMENTS OF SECTION 2-211 OF THE ACT. ~~-(G)-~~
- q) THE CONTRACT SHALL DESIGNATE THE NAME OF THE RESIDENT'S REPRESENTATIVE, IF ANY. THE RESIDENT SHALL PROVIDE THE FACILITY WITH A COPY OF THE WRITTEN AGREEMENT BETWEEN THE RESIDENT AND THE RESIDENT'S REPRESENTATIVE WHICH AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO INSPECT AND COPY THE RESIDENT'S RECORDS AND AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO EXECUTE THE CONTRACT ON BEHALF OF THE RESIDENT REQUIRED BY SECTION 2-202 OF THE ACT. ~~-(G)-~~
- r) THE CONTRACT SHALL PROVIDE THAT IF THE RESIDENT IS COMPELLED BY A CHANGE IN PHYSICAL OR MENTAL HEALTH TO LEAVE THE FACILITY, THE CONTRACT AND ALL OBLIGATIONS UNDER IT SHALL TERMINATE ON SEVEN (7) DAYS NOTICE. IT SHALL ALSO PROVIDE THAT IN ALL OTHER SITUATIONS, A RESIDENT MAY TERMINATE THE CONTRACT AND ALL OBLIGATIONS UNDER IT WITH THIRTY (30) DAYS NOTICE. ALL CHARGES SHALL BE PRORATED AS OF THE DATE ON WHICH THE CONTRACT TERMINATES, AND, IF ANY PAYMENTS HAVE BEEN MADE IN ADVANCE, THE EXCESS SHALL BE REFUNDED TO THE RESIDENT. THIS PROVISION SHALL NOT APPLY TO LIFE-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE NOR TO CONTINUING-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL AVAILABLE FORMS OF FINANCIAL SUPPORT IN PROVIDING MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE. ~~-(G)-~~
- s) After July 1, 1982, all facilities which offer to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services, for a term in excess of one year or for life pursuant to a life care contract, shall meet all of the provisions of the "Life Care Facilities Act," (Ill. Rev. Stat. 1983,

Section 390.640(s) (continued)

- ch. 111 1/2, par. 4160-1 et seq.) as now or hereafter amended, including the obtaining of a permit from the Department, before they may enter into such contracts. ~~-(G)-~~
- t) IN ADDITION TO ALL OTHER CONTRACT SPECIFICATIONS CONTAINED IN THIS SECTION, ADMISSION CONTRACTS SIGNED OR RENEWED AFTER JULY 1, 1985 SHALL ALSO SPECIFY: ~~-(G)-~~
- 1) WHETHER THE FACILITY ACCEPTS MEDICAID CLIENTS;
- 2) WHETHER THE FACILITY REQUIRES A DEPOSIT OF THE RESIDENT OR HIS FAMILY PRIOR TO THE ESTABLISHMENT OF MEDICAID ELIGIBILITY;
- 3) IN THE EVENT THAT A DEPOSIT IS REQUIRED, A CLEAR AND CONCISE STATEMENT OF THE PROCEDURE TO BE FOLLOWED FOR THE RETURN OF SUCH DEPOSIT TO THE RESIDENT OR THE APPROPRIATE FAMILY MEMBER OR GUARDIAN OF THE PERSON;
- 4) THAT ALL DEPOSITS MADE TO A FACILITY BY A RESIDENT, OR ON BEHALF OF A RESIDENT, SHALL BE RETURNED BY THE FACILITY WITHIN 30 DAYS OF THE ESTABLISHMENT OF MEDICAID ELIGIBILITY, UNLESS SUCH DEPOSITS MUST BE DRAWN UPON OR ENCUMBERED IN ACCORDANCE WITH MEDICAID ELIGIBILITY REQUIREMENTS ESTABLISHED BY THE ILLINOIS DEPARTMENT OF PUBLIC AID. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-202(j))
- u) IT SHALL BE A BUSINESS OFFENSE FOR A FACILITY TO KNOWINGLY AND INTENTIONALLY BOTH RETAIN A RESIDENT'S DEPOSIT AND ACCEPT MEDICAID PAYMENTS ON BEHALF OF THE RESIDENT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-202(k))
- (Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)
- Section 390.650 Residents' Advisory Council
- EMERGENCY
- a) EACH FACILITY SHALL ESTABLISH A RESIDENTS' ADVISORY COUNCIL consisting of at least five (5) resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents.
- THE ADMINISTRATOR SHALL DESIGNATE A MEMBER OF THE FACILITY STAFF



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## Section 390.650(a) (continued)

OTHER THAN HIMSELF/HERSELF TO COORDINATE THE ESTABLISHMENT OF, AND RENDER ASSISTANCE TO, THE COUNCIL. ~~(C)~~

- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:
  - 1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the resident advisory council;
  - 2) the establishment of a separate community advisory group with persons of the residents' choosing;
  - 3) finding a church or civic group to "adopt" the facility; or,
  - 4) the establishment of a family council made up of families and friends of residents who live in the community. ~~(C)~~
- c) The resident members shall be elected to the council by vote of their fellow residents found capable of voting. If a resident is not capable of voting, his/her parent or guardian shall vote to elect members of the council. If there are not five (5) residents capable of or willing to serve on the council, then nonresident representatives shall be recruited to meet this requirement. ~~(C)~~
- d) In facilities of fifty (50) beds or less, the residents' advisory council may consist of all of the residents (or their parents or guardians) of the facility, if the residents (or their parents or guardians) choose to operate this way.
- e) All resident advisory councils shall elect at least a Chairperson/President and a Vice Chairperson/Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance. ~~(C)~~
- f) Some facilities may wish to establish mini-resident advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in subsection (a) above.
- g) All residents' advisory council meetings shall be open to

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## Section 390.650(g) (continued)

- participation by all residents and/or their representatives. ~~(C)~~
- h) NO EMPLOYEE OR AFFILIATE OF ANY FACILITY SHALL BE A MEMBER OF ANY COUNCIL. Such persons may attend to discuss interests or functions of the non-members when invited by a majority of the officers of the residents' advisory council. ~~(C)~~
  - i) THE COUNCIL SHALL MEET AT LEAST ONCE EACH MONTH WITH THE STAFF COORDINATOR WHO SHALL PROVIDE ASSISTANCE TO THE COUNCIL IN PREPARING AND DISSEMINATING A REPORT OF EACH MEETING TO ALL RESIDENTS, THE ADMINISTRATOR, AND THE STAFF.
  - j) RECORDS OF THE COUNCIL MEETINGS SHALL BE MAINTAINED IN THE OFFICE OF THE ADMINISTRATOR. ~~(C)~~
  - k) THE RESIDENTS' ADVISORY COUNCIL MAY COMMUNICATE TO THE ADMINISTRATOR THE OPINIONS AND CONCERNS OF THE RESIDENT. THE COUNCIL SHALL REVIEW PROCEDURES FOR IMPLEMENTING RESIDENT RIGHTS AND FACILITY RESPONSIBILITIES AND MAKE RECOMMENDATIONS FOR CHANGES OR ADDITIONS WHICH WILL STRENGTHEN AND MAKE RECOMMENDATIONS FOR CHANGES OR ADDITIONS WHICH WILL STRENGTHEN THE FACILITY'S POLICIES AND PROCEDURES AS THEY EFFECT RESIDENTS' RIGHTS AND FACILITY RESPONSIBILITIES.
  - l) THE COUNCIL SHALL BE A FORUM FOR:
    - 1) OBTAINING AND DISSEMINATING INFORMATION;
    - 2) SOLICITING AND ADOPTING RECOMMENDATIONS FOR FACILITY PROGRAMMING AND IMPROVEMENTS;
    - 3) EARLY IDENTIFICATION OF PROBLEMS.
    - 4) RECOMMENDING ORDERLY RESOLUTION OF PROBLEMS.
  - m) THE COUNCIL MAY PRESENT COMPLAINTS ON BEHALF OF A RESIDENT TO THE DEPARTMENT, OR TO ANY OTHER PERSON IT CONSIDERS APPROPRIATE.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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## Section 390.660

## General Policies

EMERGENCY

- a) 1) The facility shall have policies and procedures, established in writing, that protect the financial interests of residents and, when large sums of money accrue to a resident, provide for counseling the resident or his correspondent concerning its use, and for appropriate protection of such money. These policies and procedures shall permit normalized and normalizing possession and use of money by residents for work payment and property administration as, for example, in performing cash and check transactions, and in buying clothes and other items. ~~(C)~~
- 2) The administrator, or his designee, shall not pay a resident's bills or make purchases for him unless requested in writing to do so by the resident, his correspondent or by the private or public agency financially responsible for his care. (See also Section 390.1640(c))
- b) The facility shall allow daily visiting between 10:00 A.M. and 8:00 P.M. ~~(C)~~
- c) Residents over the age of six (6) years occupying any bedroom shall be of the same sex unless otherwise individually approved by the interdisciplinary team. ~~(C)~~
- d) There shall be no resident traffic through a resident's room by residents to reach any other area of the building. ~~(C)~~
- e) The facility shall provide for the registration and disposition of complaints without threat of discharge or other reprisal against any employee or resident. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

## Section 390.670 Personnel Policies

EMERGENCY

- a) There shall be written personnel policies which policies are followed in the operation of the facility that shall include, but are not limited to, the following:
  - 1) Employment application forms shall be completed for each

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.670(a)(1) (continued)

- employee and kept on file in the facility. They shall be available to Department personnel for review. These forms shall contain date of employment, age or birthdate, home address, educational background, past experience including types of employment, where previously employed, type of position employed to fill in this facility, last day employed (if no longer in present facility) and reasons for leaving. ~~(C)~~
- 2) In addition to the application form, the individual personnel file shall contain other pertinent personnel data such as health records and evaluation of performance. ~~(C)~~
- 3) Each employee shall have a physical examination which has been conducted within a period of ten (10) days before or after employment and annually thereafter. This shall include findings that permit certification that the employee is free of communicable, contagious or infectious diseases. Additional physical examinations may be requested at the discretion of the Department according to the rules for the "Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health. (B-~~C~~)
- A) This initial physical exam shall include documentation regarding past or present tuberculosis infection, determined by either a tuberculosis skin test or a chest x-ray taken within one (1) year prior to or ten (10) days after initial employment.
- B) Repeat skin tests and/or chest x-rays are not required unless the employee is exposed to a person with tuberculosis in its contagious stage or has signs and symptoms of disease. However, they are highly recommended, especially for persons residing or working in high-risk areas of the State.
- C) It is also recommended that employees who have been infected with tuberculosis (positive skin reaction) and have not had a full course of chemoprophylaxis or chemotherapy should complete one (1) year of daily isoniazid (INH) unless contraindicated because of age or physical condition. Depending on their risk of developing disease, as determined by their physician, employees who have been infected and have not been able to complete a full course of preventive treatment should have a chest x-ray annually. (B-~~C~~)



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## Section 390.670(a) (continued)

- 4) An employee diagnosed or suspected of having a contagious or infectious disease shall not be on duty until such time as a written statement is obtained from a physician that the disease is no longer contagious or is found to be noninfectious. (B-~~6~~)

## b) General

- 1) All persons in supervisory or other responsible positions shall be at least eighteen (18) years of age. ~~(C)~~
- 2) All personnel shall have either training or experience, or both, in the job assigned to them. (B-~~6~~)
- 3) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basis of residents being cared for in the facility, such as geriatric, pediatric, developmentally disabled, etc. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures concerning topics listed in Section 390.620(b)(6) before being assigned to provide direct care to residents. This orientation program shall include material regarding the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.

- 4) Each employee except student interns shall attend in-service training programs covering each of the subjects listed in 77 Ill. Adm. Code 350.620(b)(6) pertaining to his or her assigned duties at least annually. These in-service training programs shall include material regarding the facility's policies, skill training and ongoing education carried out to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include material concerning prevention and treatment of decubitus ulcers (commonly known as bed sores). In-service training concerning dietary services shall include material concerning effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.670(b)(4) (continued)

- personnel attending shall be kept. (B-~~6~~)
- 5) No employee shall be assigned duties other than those directly related to his job functions, as identified in his job description, except in emergencies. ~~(C)~~
- 6) There shall be a plan to provide a program of personnel coverage for regular staff when they are absent. (A, B)
- 7) Every facility shall have a dated weekly employee time schedule posted in a convenient place where employees may refer to it. This shall contain employee's name, job title, shift assignment, hours of work and days off. These shall be kept on file in the facility for one (1) year. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.680 Basic Child Care/Habilitation Aide Training Program  
EMERGENCY

- a) 1) Each facility shall ensure that all persons employed as child care/habilitation aides comply with one of the following conditions within 45 days of initial employment: (B-~~6~~)
- A) Enroll in a 120-hour Department of Public Health approved Basic Child Care/Habilitation Aide Training Program; Basic Nursing Assistant Training Program; or Basic Developmental Disabilities (DD) Aide Training Program. Such course shall be completed within 120 days of initial employment;
- B) Attend a recognized Child Care/Habilitation Aide Training Program; Basic Nursing Assistant Training Program; or Basic Developmental Disabilities (DD) Aide Training Program registered with the Department of Public Health and successfully complete the Department's proficiency examination;
- C) Successfully complete the Department's proficiency examination; or
- D) Prove exemption from training, by prior work experience as outlined in Section 3-206 of the Act.

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## Section 390.680(a) (continued)

- 2) No person who meets the definition of student intern shall be required to complete a current course of training for child care/habilitation aides, or successfully complete the Department's proficiency examination.
- 3) Interns may be utilized for the more basic child care/habilitation aide practices, but will not be allowed to provide (re)habilitation nursing, in-bed bathing, assistance with skin care, foot care, enemas or any medical procedure, except under the direct, immediate supervision of a licensed nurse or certified nursing assistant.
- 4) No facility will be allowed to have more than 15% of its child care/habilitation aide work force composed of student interns.
- b) Requests to establish equivalency shall be submitted to the Department with accompanying documentation. Equivalency may be established by any one of the following: (B)
  - 1) Documentation of successful completion of a training course approved by another state as evidenced by a diploma or certificate. (The applicant must document that the course is substantially equivalent to the provisions of Section 390.680(f) of this Part.)
  - Documentation of successful completion of a Basic Child Care/Habilitation Aide Training Program approved by the Department. Approval will be based upon compliance with the provisions of this Section.
  - 3) Documentation of successful completion of a Basic Nursing Assistant Training Program or a Basic Developmental Disabilities (DD) Aide Training Program approved by the Department.
  - 4) Documentation of successful completion of a nursing arts course in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school.
  - 5) Documentation of successful completion of a nursing assistant training program approved by the Illinois Board of Education between March 1, 1979 and March 1, 1980 as evidenced by a diploma or certificate.
  - 6) Documentation of one year of employment as a nursing assistant in one facility with an interruption due to sick leave or

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## Section 390.680(b)(6) (continued)

- education leave not exceeding six (6) weeks during the year ending March 1, 1980.
- c) Criteria For A State Approved Basic Child Care/Habilitation Aide Training Program are as follows:
    - 1) Application Procedures  
The following information must be furnished to the Department at least sixty (60) days in advance of the training program.  
Programs submitted and approved under the Home Health Licensing Act shall be deemed to meet these rules and regulations. Each facility providing its own training must apply for individual program approval. Retroactive approval will not be granted.
    - 2) Program rationale; i.e., philosophy, purpose and brief summary that identifies sponsoring agency, and faculty qualifications.
    - 3) Complete outline including program title, objectives, content, and methodology delineated by hour. The instructor has flexibility of teaching content in desired outline.
    - 4) Location and scheduled dates of program (including future dates). If programs are canceled or rescheduled for any reason, the Department must be notified prior to delivery date for purposes of monitoring.
    - 5) A copy of the evaluation tool must be included. The evaluation tool must evaluate the objectives, content, clinical performance and instructors.
    - 6) Submitted materials will be reviewed by the Department and the program sponsor will be notified of the Department's action. If the program is not approved, the reason for this decision will be given to the program sponsor.
    - 7) If a program is not approved, the program sponsor may, after making the appropriate modifications, reapply for approval.
    - 8) Orientation to the specific policies of the employing agency shall be in addition to the one hundred twenty (120) hours of instruction.
    - 9) Any change in content, objectives, or instructional staff must be submitted for review.



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Section 390.680(c) (continued)

- 10) All approved training programs must be resubmitted on an annual basis for continued approval. In the resubmission process, please refer to the number assigned by the Department.
- 11)
  - A) The course instructor shall be a registered nurse with a current Illinois license who has no other duties while engaged in the training program, and who meets one of the following qualifications:
    - i) Valid Illinois teaching certificate or Community College approved instructor with at least one semester of teaching experience;
    - ii) Community College approved instructor; Verification of attendance at the Department Train The Trainer Workshop (LPN's who attended prior to the effective date of the Act shall qualify);
    - iii) Evidence of at least one semester of formal teaching experience.
  - B) Instructors' vitae must be submitted.
- 12) The basic content must be presented in a minimum time frame of three (3) weeks, but not to exceed a maximum of one hundred twenty (120) days unless it is being done by a recognized educational institution on a term, semester or trimester basis. A minimum of forty (40) hours of theory including supervised laboratory experience and a minimum of forty (40) hours of supervised clinical practice (direct nursing care) must be reflected in the one-hundred twenty (120) hours minimum of training. The other forty (40) hours may be distributed whichever way the program wishes between these two (2) categories. Term, semester and trimester courses may be submitted by an educational institution. The program must include designated hours for clinical practice and evidence of agreements with all outside agencies providing such clinical practice.
- d) Course Requirements. The Basic Child Care/Habilitation Aide Training Program shall include at a minimum:
  - 1) Orientation.

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Section 390.680(d)(1) (continued)

- A) Functions of health care facilities.
- B) Health care professions.
- C) Philosophy of resident care.
- D) The role of the interdisciplinary or multidisciplinary health care team.
- E) Personal qualities of the Aide.
- F) Duties of the Aide.
- G) Medical terminology.
- H) Record keeping.
- I) Residents' rights.
- 2) Introduction to the resident.
  - A) Communication and interpersonal relationships with residents, families and others.
  - B) Psychological needs of resident and family.
  - C) Normal growth and development.
  - D) Characteristics of developmental disabilities and mental illnesses.
- 3) Your working environment.
  - A) Cleanliness in the health care setting.
  - B) Principles of handwashing.
  - C) Principles of disinfection.
  - D) Principles of sterilization.
  - E) Techniques of disinfection.
  - F) Maintaining equipment and supplies.

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## Section 390.680(d) (continued)

- 4) Safety.
- A) Body mechanics.
  - B) Fire safety.
  - C) Disaster.
- 5) Emergency Medical Procedures.
- A) CPR.
  - B) Seizures.
  - C) Drug reactions.
  - D) Heimlich maneuver.
  - E) Trauma.
- 6) The resident's unit. Bedmaking procedures - unoccupied and occupied.
- 7) Lifting, moving and transporting residents.
- A) In bed.
  - B) Ambulatory.
  - C) Wheelchair.
  - D) Stretcher.
- 8) Basic Anatomy.
- A) Skeletal System.
  - B) Circulatory System.
  - C) Digestive System.
  - D) Respiratory System.
  - E) Urinary System.

## Section 390.680(d)(8) (continued)

- F) Functioning of the human body as related to the disease process.
- 9) Personal care of the resident.
- A) Oral hygiene.
  - B) Bathing procedures.
  - C) Care of the back, feet and skin.
  - D) Observing and reporting.
  - E) Personal hygiene.
- 10) Nutrition.
- A) Diets - therapeutic diets.
  - B) Feeding techniques.
  - C) Nourishments.
  - D) Fluid intake.
- 11) Fluid balance.
- A) Measuring fluid intake and output.
  - B) Forcing and restricting fluids.
  - C) Specimen collection.
- 12) Observing and recording vital signs.
- A) Taking the temperature.
  - B) Taking pulse.
  - C) Taking respirations.
  - D) Taking blood pressure.
  - E) Recording vital signs.



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Section 390.680(d) (continued)

- 13) Supportive care.
  - A) Heat applications.
  - B) Cold applications.
  - C) Enemas.
  - D) The vaginal douche - external and internal.
  - E) Preparing the resident for surgery physiologically.
  - F) Preparing the resident for surgery psychologically.
  - G) Care for the post-operative resident's physiological needs.
  - H) Care for the post-operative resident's psychological needs.
  - I) Side effects of various medications.
- 14) Fundamentals of (Re)habilitation.
  - A) Physical.
  - B) Social.
  - C) Psychosocial.
  - D) Behavioral.
- 15) Resident care planning.
  - A) Individual Habilitation Plan.
  - B) Individual Education Plan.
  - C) Admission.
  - D) Transfer.
  - E) Discharge.
  - F) Home visits.
- 16) The resident in isolation.

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Section 390.680(d)(16) (continued)

- A) Isolation techniques.
- B) Physiological aspects of isolation.
- C) Psychological aspects of isolation.
- 17) Care of the terminally ill resident.
  - A) Psychological needs of the resident.
  - B) Psychological needs of the family.
- 18) Care of the body. Postmortem care.
- e) Evaluation  
Upon successful completion of the Basic Child Care/Habilitation Aide Training Program, the student must show competency of relevant skills by demonstrating those skills as well as by passing a written examination encompassing theory and skills taught.
- f) Monitoring  
The Illinois Department of Public Health shall on a random basis monitor the training program. If a monitor finds the training to be inadequate relative to the materials submitted to the Department's Review Committee, program approval may be rescinded.
- g) Certificates
  - 1) Proof of successful completion of the approved program necessitates the sponsoring organization to award certificates to the trainees. Certificates must be sent to the Department where they will be validated and embossed with the Department's seal. A list of names, with Social Security numbers, course completion date, and program approval number, must accompany submitted certificates. The Department will return the certificates to the sponsor(s) for distribution.
  - 2) The following minimum information must be typed on the certificates before they are sent to the Department for validation:
    - A) Name of the trainee and Social Security number.
    - B) Title: Basic Child Care/Habilitation Aide Training Program.

Section 390.680(g)(2) (continued)

- C) Identification number of the program.
- 3) Successful completion of the course does not imply "certification" of the child care/habilitation aide by the State. It only indicates that the person has successfully completed the Basic Child Care/Habilitation Aide Training Program and can be employed by licensed long-term care facilities as a child care/habilitation aide.
- h) Application for approval of programs  
Requests for approval of programs and other related correspondence are to be submitted to:  
  
Illinois Department of Public Health  
Office of Health Regulation  
525 West Jefferson Street  
Springfield, Illinois 62761  
  
It will not be necessary for any course, currently approved under criteria in effect at the time these revised criteria for Basic Child Care/Habilitation Aide Training Programs become effective, to make any changes in program content until such time as a review by the Department indicates the revisions to the program content are needed to keep the program in compliance with the rules. Any program determined to need changes will be notified, in writing, by the Department. Unless and until such written notification is received, there is no need to contact the Department concerning continued approval of a program.

i) Recognized Training Program

- 1) Any licensed long-term care facility may teach a recognized training program for prospective child care/habilitation aides which can be individualized for each employee and can be taught by any person or persons in the facility.
- 2) Any person who attends a recognized training program must successfully pass the Department's proficiency examination before being permitted to function as a certified child care/habilitation aide.
- 3) Recognized training programs shall be registered with the Department by letter, and must state that, as a minimum, the course content in 390.680(d) will be taught wholly or in part, give the name of the instructor and give notice that the program

Section 390.680(i)(3) (continued)

- Is operational.
- 4) Recognized training programs must, as a minimum, provide all or part of the course content of an approved Department training program such as in 390.680(d).
- j) Proficiency Examination for Child Care/Habilitation Aides
  - 1) Any person employed as a child care/habilitation aide may elect and request to take a proficiency examination in lieu of a course of training as required under section 3-206(a)(5) of the Act.
  - 2) The person must meet the requirements of Section 3-206(a) (1-4) of the Act and be or will be employed as a child care/habilitation aide.
  - 3) A completed application must be presented at the time of the examination on forms provided by the Department.
  - 4) The proficiency examination will be offered monthly in each of the Department's Regions. A list of test sites, dates and times can be obtained by calling the Department at (217) 785-5133.
  - 5) The examination will consist of written questions from the approved curriculum as shown in 390.680(d). An examinee must score 70% or more on each section in order to successfully pass the section. Notice of Pass or Fail will be sent to the examinee and the employer. Only those sections previously failed must be retaken during subsequent attempts to pass the entire proficiency examination.
  - 6) An examinee who fails the proficiency examination three (3) times within the first forty-five (45) days of employment must enroll in and complete an approved course of instruction in order to become a qualified child care/habilitation aide in accordance with Section 3-206 of the Act.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)



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Section 390.690 Disaster Preparedness  
EMERGENCY

a) Each facility shall have policies covering disaster preparedness including a written plan for staff and residents to follow in case of fire, explosion, severe weather or other hazardous circumstances or emergencies. The plan shall be rehearsed at least twice a year for each shift. The plan shall include, but is not limited to, the following: (B-~~G~~)

- 1) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B-~~G~~)
- 2) A written plan of evacuation posted, and made familiar to all personnel employed on the premises. ~~(G)~~

b) Fire and disaster drills shall be held at least quarterly, for each shift of facility personnel and under varied conditions, in order to: ~~(G)~~

- 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
- 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility;
- 3) Evaluate the effectiveness of disaster plans and procedures;
- 4) Fire and disaster drills shall include simulation of evacuation of residents to safe areas during at least one drill each year on each shift.
- 5) There shall be special provisions for the evacuation of the physically handicapped, including deaf and/or blind, such as fire chutes and mattress loops with poles.
- 6) Where the welfare of the residents precludes an actual evacuation of an entire building, there must be drills involving the evacuation of successive portions of the building under such conditions as to assure the capability of evacuating the entire building with the personnel usually available, should the need arise.
- 7) There shall be a written evaluation submitted to the facility administrator which shall be maintained for three years.

c) A written plan shall be developed for temporarily relocating the

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## Section 390.690(c) (continued)

residents for any emergency requiring relocation and any time the temperature in residents' bedrooms falls below fifty-five (55) degrees Fahrenheit for twelve (12) hours or more. ~~(G)~~

d)

- 1) Upon the occurrence of any emergency or disaster requiring hospital service, police, fire department or coroner, the facility administrator or their designee must provide a preliminary report to the Department utilizing either the nursing home hotline or by contacting directly the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:

- A) Name and location of facility;
  - B) type of emergency;
  - C) number of injuries or deaths to residents;
  - D) number of beds not usable due to the event;
  - E) estimate of the extent of damages to the facility;
  - F) type of assistance needed, if any;
  - G) other state or local agencies notified about the problem.
- 2) If the emergency will not require direct Departmental assistance, the facility shall provide the preliminary report within 24 hours of the incident. Additionally, the Department shall receive a full written account within seven (7) days of the incident which includes the information specified in (A) through (G) above and a statement of action taken by the facility after the preliminary report. ~~(G)~~
- e) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents whenever the temperature and relative humidity inside the residents living, dining, activities or sleeping areas of the facility are equal to or exceed the upper or lower limit lines (the solid lines) of the chart, "Zones of Physiological Preception," displayed in Table F: "Disaster Preparedness Parameters -- Relative Humidity and Temperature." (A, B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

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## Section 390.700 Serious Incidents and Accidents

EMERGENCY

- a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department. ~~-(G)-~~

- 1) Notification shall be made by a phone call to the Regional Office within twenty-four (24) hours of each serious incident or accident. If the facility is unable to contact the Regional Office, notification shall be made by a phone call to the Department's toll-free complaint registry number. ~~-(G)-~~

- 2) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven (7) days of the occurrence. ~~-(G)-~~

- b) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurse's notes for each resident involved. ~~-(G)-~~

- c) The facility shall maintain a file of all written reports of serious incidents or accidents involving residents. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 1824.3, effective October 24, 1988, for a maximum of 150 days)

## Section 390.820 Categories of Personnel

EMERGENCY

Categories of personnel to be provided shall include but are not limited to the following:

- a) an administrator as set forth in Subpart B. (B)
- b) nursing personnel as set forth in Subpart E. (B ~~-(G)-~~)
- c) a Resident Services Director who is a Qualified Mental Retardation Professional as defined in Section 390.330, who is assigned responsibility for the coordination and monitoring of each resident's overall plan of care (Individual Habilitation Plan). This person shall have at least one (1) year experience working with developmentally disabled residents. The administrator or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care (Individual

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## Section 390.820(c) (continued)

Habilitation Plan) are individualized, written in terms of short and long range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care (Individual Habilitation Plan). This person shall have at least one (1) year experience working with developmentally disabled residents. (B ~~-(G)-~~)

- d) recreational activity personnel as set forth in Section 390.1100(c)(1) (B ~~-(G)-~~)

- e) dietary personnel as set forth in Sections 390.1810 through Section 390.1820. (B ~~-(G)-~~)

- f) a staff member suited by training and/or experience to be responsible for social services and for the integration of social services with other elements of the plan of care (Individual Habilitation Plan). (B ~~-(G)-~~)

(Source: Emergency amendment at 12 Ill. Reg. 1824.3, effective October 24, 1988, for a maximum of 150 days)

## Section 390.830 Consultation Services

EMERGENCY

- a) The facility shall have all arrangements for each consultant's services in a written agreement setting forth the services to be provided. These agreements shall be updated annually. ~~-(G)-~~
- b) The facility shall designate a staff member to provide social services to residents. If the staff member designated to provide social services is not a qualified social worker, the facility shall have an effective arrangement with a qualified social worker to provide social service consultation. ~~-(G)-~~
- c) A qualified social worker is one who:
  - 1) is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and
  - 2) is a graduate of a school of social work which has been approved by the Council on Social Work Education. (Some schools are approved for Bachelor's Degree programs and others for Master's Degree); and



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## Section 390.830(c) (continued)

- 3) has one (1) year of social work experience in a health care setting.
- d) The facility shall designate a staff member to be the director of the activities program. If a facility does not have a Registered Occupational Therapist, or a Therapeutic Recreation Specialist, or a Certified Social Worker employed as an activity director, it shall have a written agreement made with a person from one of those disciplines, to provide adequate and sufficient consultation to the Activity Director in order to assure the appropriateness of programming to meet the assessed needs of the residents. ~~(C)~~
- e) The facility shall designate a staff member skilled in record maintenance and preservation to be responsible for maintaining and preserving records. If the designated person is not a qualified Medical Records Practitioner, then that person shall receive adequate consultation from a person so qualified.
- f) The facility shall make arrangements for a consultant pharmacist as set forth in Section 390.1410.
- g) The facility shall make arrangements for a medical advisory committee as set forth in Section 390.1020(b).
- h) The facility shall make arrangements for an advisory dentist as set forth in Section 390.1050(a).

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1010 Service Programs  
EMERGENCY

- a) The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all services necessary to maintain and promote good physical health and development. These services shall consist of, at a minimum, the following: ~~(B)(6)~~
  - 1) Medical Services as described in Section 390.1020. ~~(B)(6)~~
  - 2) Physician Services described as in Section 390.1030. ~~(B)(6)~~
  - 3) Nursing Services described in Section 390.1040. ~~(B)(6)~~

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## Section 390.1010(a) (continued)

- 4) Dental Services as described in Section 390.1050. ~~(B)(6)~~
- 5) Physical and Occupational Therapy Services as described in Section 390.1060. ~~(B)(6)~~
- 6) Psychological Services as described in Section 390.1070. ~~(B)(6)~~
- 7) Social Services as described in Section 390.1080. ~~(B)(6)~~
- 8) Speech Pathology and Audiology Services as described in Section 390.1090. ~~(B)(6)~~
- 9) Recreational and Activity Services as described in Section 390.1100. ~~(B)(6)~~
- 10) Educational Services as described in Section 390.1110. ~~(B)(6)~~
- 11) Work Activity and Prevocational Training Services as described in Section 390.1120. ~~(B)(6)~~
- b) These services shall be expressed in a written individual habilitation plan. The individual habilitation plan is a total program plan of care for each individual resident that is developed on the basis of all assessment results. ~~(C)~~
- c) Each resident shall have an individual habilitation plan developed within fourteen (14) days of admission. This plan shall be reviewed and updated approximately six (6) weeks following admission and every six (6) months thereafter or more frequently as necessary, to assure continuing appropriateness of goals, consistency of management methods with goals and objectives, and the achievement of progress towards goals.
- d) The individual habilitation plan shall be developed by an appropriately constituted interdisciplinary team and state specific objectives to reach identified goals.
- e) Each goal and objective shall:
  - 1) reflect the residents needs as identified by assessment data;
  - 2) be stated in terms of a single outcome;
  - 3) be expressed in terms that provide measurable indices of

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## Section 390.1010(e)(3) (continued)

progress;

- 4) be sequenced within a developmental progression, when applicable;
  - 5) be assigned priorities;
  - 6) project a date for initiation of service;
  - 7) have a targeted date of attainment;
  - 8) specify activities for achievement of the objectives;
  - 9) be written in terms that are understandable to all concerned;
  - 10) identify the individual responsible for delivering the services.
- f) The residents' response to programs designed to achieve the objectives shall be documented and available to staff.
- g) Problems and/or changes that call for review of the individual habilitation plan by the interdisciplinary team shall be documented.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1020 Medical Services  
EMERGENCY

## a) General

- 1) The facility shall have a written program of medical services approved in writing by the medical advisory committee that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. (B-~~G~~)
- 2) There shall be a medical advisory committee composed of at least a physician, administrator and the director of nursing, which shall be responsible for advising the administrator and the licensee on the overall medical management of the residents and

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## Section 390.1020(a)(2) (continued)

the staff in the facility. If the facility employs a house physician, he may be a member of this committee. The written program of medical services shall also include the structure and function of the medical advisory committee. (B-~~G~~)

## b) Emergencies

- 1) The medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as foreign body aspiration, poisoning, acute trauma (fractures, burns, lacerations, etc.), cardiac arrest, acute coronary, acute cardiac failure, asthmatic and/or allergic reactions, acute convulsion, shock, diabetic coma, insulin shock, and acute respiratory distress. (B-~~G~~)
- 2) The facility shall maintain in a suitable location the equipment necessary to be used during these emergencies. This equipment shall include, but is not limited to the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and tongue blades. (B-~~G~~)
- 3) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in this subsection (b). (B-~~G~~)

## c) Communicable Disease Policies

- 1) The administrator shall assume the responsibility for meeting all the rules for the Control of Communicable Disease, Illinois Department of Public Health, so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. (B)
- 2) As part of this responsibility, the administrator shall establish an Infection Control Committee, composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance and other services. The committee shall establish policies and procedures for investigating, controlling, and preventing infections in the facility, and for monitoring staff performance to ensure that the policies and procedures are executed. (B-~~G~~)
- 3) No resident with a communicable, contagious, or infectious



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## Section 390.1020(c)(3) (continued)

disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease shall be placed in the appropriate type of isolation as required by the rules for "The Control of Communicable Disease," Illinois Department of Public Health, and "Isolation Techniques for Use in Hospitals", U.S. Public Health Service, for the period of time required for each specific disease or until removed from the facility. (A, B—G)

- 4) All illnesses required to be reported under subsection (c)(1) above, shall be reported immediately to the local health department and/or to this Department. The administrator shall furnish all pertinent information relating to such occurrences. (B—G)

- 5) Procedures and aseptic isolation techniques shall be established in writing and followed by all personnel. (B—G)

(Source: Emergency amendment at 12 Ill. Reg. 1824.3 effective October 24, 1988, for a maximum of 150 days)

Section 390.1030 Physician Services  
EMERGENCY

- a) 1) The services of a physician licensed to practice medicine in Illinois shall be available to every resident in the facility. Residents in facilities operated under bona fide Christian Science auspices may be exempt from this requirement. (A, B)

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## Section 390.1030(a) (continued)

- 2) Physician services are to include a complete physical examination at least annually and formal arrangements to provide for medical and behavior emergencies on a twenty-four (24) hour seven (7) day week basis. (B)
- b) The resident shall be permitted his choice of a physician. If the resident is a minor or under guardianship, the appropriate person shall have this privilege.
- c) The resident shall be seen by a physician as often as necessary to assure adequate medical care. (Medicare/Medicaid requires certification visits.) (A, B—G)
- d) Physicians shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiating, monitoring, and following-up of individualized habilitation programs for treatment. —(G)—
- e) 1) All physician orders, plans of treatment, Medicare/Medicaid Certification and recertification statements and similar documents must have the original written signature of the physician. —(G)—
- 2) The use of a physician's rubber stamp signature with or without initials is not acceptable. —(G)—
- f) Each resident admitted shall have a complete physical examination, including stool culture, within two (2) weeks prior to admission. There shall be another physical examination (which need not include a stool culture) conducted by the physician who will be attending the resident in the facility within seventy-two (72) hours after admission to the facility unless the preadmission examination has been conducted by the same physician. In any case, the facility shall have the results of a stool culture before a resident is admitted. This examination shall include an evaluation of the resident's condition, including height and weight, and recommendations for his/her care including personal care needs and permission for participation in the activity and developmental program. The report shall also include documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.) The report shall also include orders from the physician regarding weighing of the resident,

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## Section 390.1030(f) (continued)

and the frequency of such weighing, if ordered. (See Section 390.1620(a)) (~~B--G~~)

- g) The admission information for a resident shall include summary of present medical findings, medical history, mental and physical functioning capacity, diagnosis and prognosis when available and; it shall also include orders for medications, treatments, restorative (re)habilitation services, diet, specific procedures recorded for the health and safety of the resident, activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within forty-eight (48) hours.

- h) All admissions to or continued care in the facility shall be upon the recommendation of a physician. ~~(G)~~

- i) The provisions of subsections (f), (g) and (h) above will not apply in the use of emergency admissions. In such a case, the physician shall meet the criteria in these standards within seventy-two (72) hours.

- j) 1) The facility shall immediately notify the physician of any significant accident, injury, or unusual change in a resident's condition. That threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five (5) percent or more within a period of thirty (30) days. (~~B--G~~)

- 2) The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

- k) At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures. (~~B--G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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Section 390.1040 Nursing Services  
EMERGENCY

- a) The facility shall have a written program of Nursing Services, providing for a planned medical program, encompassing nursing treatments, rehabilitation and habilitation nursing, skilled observations, and ongoing evaluation and coordination of the resident's individual habilitation plan.
- b) There shall be a sufficient number of nursing and/or auxiliary personnel on duty twenty-four (24) hours each day to provide adequate and properly supervised nursing services to meet the nursing needs of the residents. There shall be at least one (1) registered nurse seven (7) days a week on the day shift. There shall be at least one (1) registered nurse or licensed practical nurse on duty at all times and on each floor housing residents. Nursing staff personnel shall include registered professional nurses, licensed practical nurses, and auxiliary personnel as defined in Section 390.330 of this Part. (A, B)
- c) Director of Nursing Service. There shall be a director of nursing who shall be a registered nurse. (B)
- d) The director of nursing shall have knowledge and training in nursing service administration, restorative and/or habilitative nursing. (~~B--G~~)
- e) The director of nursing shall be a full-time employee who is on duty a minimum of thirty-six (36) hours, four (4) days per week. At least fifty percent (50%) of this person's hours shall be regularly scheduled some time between 7:00 A.M. and 7:00 P.M. (~~B--G~~)
- 1) A facility of less than fifty (50) bed capacity may, with written approval from the Department, have two registered nurses share the duties of this position if it is unable to obtain a full-time person. Such an arrangement will be granted approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three (3) weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full-time; and information about the number and availability of registered nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were



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## Section 390.1040(e)(1) (continued)

willing to accept the job on a full-time basis, and the pool of registered nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full-time. If two persons are to share the position, one shall be designated the Director of Nursing Services and the other shall be designated the Assistant Director of Nursing Services. Both of these persons shall be R.N.'s.

2) In facilities with a capacity of less than fifty (50) beds, this person (or these persons), may also provide direct patient care, and his/her time may be included in meeting the staff/resident ratio requirements.

f) In facilities of one hundred (100) occupied beds or more, there shall be an assistant director of nursing who is a registered nurse licensed to practice in Illinois. The assistant must meet the qualifications specified in subsection(d) above. (B)

g) The assistant director of nursing shall be a full-time employee who is on duty a minimum of thirty-six (36) hours, four (4) days per week. The assistant need not work on the day shift but may be assigned to any shift. (B)

h) The assistant director of nursing shall assist the director in carrying out her responsibilities. (B)

i) The responsibilities of the director of nursing shall include, at a minimum, the following: (B)

- 1) Assigning and directing the activities of nursing and auxiliary service personnel.
- 2) Planning an up-to-date resident care plan for each resident in cooperation with the interdisciplinary team based on individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Services such as nursing, developmental, activities, dietary, and such other modalities as are ordered by the physician, shall be reflected in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed every three (3) months.
- 3) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their

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## Section 390.1040(i)(3) (continued)

recruitment and selection and recommending termination of employment when necessary.

4) Participating in planning and budgeting for nursing services including purchasing of necessary equipment and supplies.

5) Developing and/or maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing and auxiliary personnel.

6) Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative and habilitative services offered.

7) Planning of inservice education, embracing orientation, skill training, and ongoing education for all nursing personnel covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative and habilitative nursing techniques through out-of-facility or in-facility training programs. The director of nursing may conduct these programs personally or see to it that they are carried out.

8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 390.610(a))

9) Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.

j) Nursing, Personal and (Re)habilitative Care. Nursing care including personal and (re)habilitative care measures shall be practiced on a twenty-four (24) hour, seven (7) day a week basis in the care of residents. Those procedures requiring medical approval shall be ordered by the attending physician. (B)-(E)

k) Nursing care shall include at a minimum the following:

- 1) All medications including oral, rectal, hypodermic, and intra-muscular shall be properly administered. (A, B)

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Section 390.1040(k) (continued)

- 2) All treatment such as: enemas, irrigations, catheterizations, applications of dressing or bandages, supervision of special diets, restorative and rehabilitative measures in Section 390.1620(a)(11) and other treatments involving a like level of skill, shall be properly administered. (A, B-~~F~~-G)
- 3) All objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and/or the need for further medical, nursing or psychosocial evaluation and treatment shall be provided. (B-~~F~~-G)
- 1) Each resident shall have his temperature taken daily unless otherwise ordered by the physician. If the temperature varies two degrees from the normal for the resident, the physician shall be notified. (B)
- m) Skin care shall be given to prevent pressure sores, heat rashes or other skin breakdown. Each resident with pressure sores, heat rashes or other skin breakdown shall be checked at least every two (2) hours and given care as needed including clothing and diaper change. Skin care shall be given with each diaper change. (B)
- n) Skin care should be provided as follows: (B)
  - 1) Bathing, clean linens, diapers, and/or clothing each time the bed or clothing is soiled. Rubber, plastic, or other types of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the resident. If rubber, plastic, or other type of waterproof materials are used for protective pants, they shall not come in direct contact with the resident. Special attention shall be given to the skin to prevent irritations, skin rashes, or ulcerations. (B-~~F~~-G)
  - 2) Assistance in being up and out of bed as much as the condition of the resident permits. The resident may be denied this assistance only upon the written order of his physician. If the resident cannot move himself, he shall have his position changed every two (2) hours or more as necessary.
- o) All necessary precautions shall be taken to assure the safety of residents at all times, such as: nonslip wax on floors, side rails on beds, safe equipment and assistive devices properly maintained, and proper use of safety devices. See Section 390.2020(a)(2) (A, B-~~F~~-G)

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Section 390.1040 (continued)

- p) Each resident shall perform all of the following personal care functions independently if possible. If unable to do so, assistance shall be provided by staff. (B)
  - 1) Each resident shall bathe as often as necessary, but at least daily.
  - 2) Each resident shall change clothing as often as necessary, but at least daily.
  - 3) Each resident shall shampoo as often as necessary, but at least weekly.
  - 4) Each resident shall clean and trim fingernails and toenails as often as necessary but at least weekly.
  - 5) Each resident shall perform oral hygiene as often as necessary, but at least daily.
  - 6) Each female resident shall be provided with commercial sanitary napkins during menses. Frequent cleansing of the perineal area shall be performed.
- q) Haircuts shall be provided as needed. Socially acceptable hair styles and the wishes of the resident must be taken into consideration. (B)
- r) Each resident shall dress in street clothing and be out of bed at all times other than regularly scheduled sleeping or napping hours, unless contraindicated. (B)
- s) Adaptive equipment shall be provided to ensure the safety of the resident (such as seat belts, helmets, mitts, and special padding). (B)
- t) Each resident shall be weighed upon admission and at least once a week thereafter unless otherwise ordered in writing by the physician. Any significant change shall be reported to the attending physician and dietitian. (B)
- u) Each resident shall be encouraged and/or assisted in maintaining good body alignment while lying in bed, sitting or standing, through proper positioning and turning. (B-~~F~~-G)
- v) Each resident shall be assisted in maintaining maximum joint range of



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## Section 390.1040(v) (continued)

motion, and/or active range of motion through proper exercises. (B—~~G~~)

w) Each resident shall be trained and encouraged to adopt food habits as near as possible to normal. Residents shall receive solids, unless otherwise ordered in writing by the physician. Each resident shall eat in an as upright position as possible and out of bed unless contraindicated. (B)

x) Each incontinent resident shall be assisted in regaining bowel and bladder patterns through proper bowel and bladder (re)training. The use of indwelling catheters shall be discouraged. (B—~~G~~)

y) All residents shall be encouraged and, when necessary, taught to function at their maximum level in all activities of daily living for as long as and to the degree that they are able. (B)

z) All residents shall be assisted and encouraged with daily ambulation unless otherwise ordered by the physician. (B—~~G~~)

aa) All residents shall be taught and assisted with safe transfer activities in an effort to help them retain, regain, or gain their maximum level of independence. (B—~~G~~)

bb) Staffing. Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of personal and rehabilitative time each resident needs on each shift of the day. This determination shall be made separately for both licensed nursing personnel and other personal/habilitative care personnel. Habilitative personnel may include, in addition to licensed nurses, such persons as aides, orderlies, therapists, teachers, and any other person providing direct habilitative care to residents. (A, B)

1) In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours of care that must be provided are reduced proportionately.

2) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents. It is the responsibility of the Department to verify that the staffing provided by the facility is sufficient to meet the needs of the residents.

3) The following figures apply to hours of care actually provided

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## Section 390.1040(bb)(3) (continued)

and not to hours of care scheduled to be provided.

4) Each resident shall be provided with a minimum of four (4) hours of personal/habilitative care each day. The director of nursing shall not be included in hours of personal/habilitative care provided.

5) The facility shall schedule personnel in such a manner that the needs of all residents are met. At least 30% of the minimum required hours shall be on the day shift, at least 30% of the minimum required hours shall be on the evening shift, and at least 10% of the minimum required hours shall be on the night shift. The total percentage must add up to 100% each day. At least 12.5% of the hours of care provided on each shift must be by licensed nursing personnel. Licensed nursing personnel may be used to replace other personal/habilitative care staff if the needs of the residents are met by such staffing.

6)

A) When computing the number of staff hours needed per shift, any figure less than .25 will be dropped from the computation and any figure of .75 or higher will go to the next higher number. Figures in between .25 and .75 will require at least the amount of coverage indicated: i.e. — .25 will require 2 hours of coverage; .3 will require 2 1/2 hours of coverage; .5 will require 4 hours of coverage; .6 will require 5 hours of coverage; .74 will require 6 hours of coverage; etc. .75 or higher will require 8 hours of coverage.

B) These hours may be provided by: a part-time person working those hours only on that shift each day; a full-time person working a shift that spans two regular shifts — i.e. from 12 noon to 8 P.M.; or by an additional full-time person on the shift. However, keep in mind that these figures are minimal staffing requirements, and it is recommended that a full-time person be provided.

cc) Additional requirements. In addition to the above requirements, the following also apply:

1) There shall be a licensed nurse designated as being in charge of nursing services on all shifts when neither the director of nursing or assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on

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the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units. The director of nursing or assistant director of nursing will, of course, be in charge of nursing services during those shifts when they are on duty. (A, B)

- 2) There shall be at least one person awake, dressed and on duty at all times in each separate nursing unit. (A, B)
- 3) There shall be at least one registered nurse on duty seven (7) days per week on the day shift. (A, B)
- 4) There shall be at least one registered nurse or licensed practical nurse on duty at all times. (A, B)
- 5) There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents. (A, B)
- 6) The need for licensed nurses on each nursing unit will be determined on an individual case basis, dependent upon the individual situation. If such additional staffing is required, the surveyor will inform the facility in writing of the kind and amount of additional staff time required, and the reason why it is needed.

- 7) The need for an additional licensed nurse to serve as a "house supervisor" will be determined on an individual case basis. If the surveyor determines that there is a need for a registered nurse on certain shifts whose sole duties will consist of supervising the nursing services of the facility, the surveyor shall notify the facility in writing when and why such a person is needed. This person shall not perform the duties of a charge nurse while serving as the "house supervisor".

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

### Section 390.1050 Dental Care Services EMERGENCY

- a) Every facility shall have an advisory dentist. The advisory dentist shall have a contractual relationship to the facility, setting forth the preventive and therapeutic oral health services to be provided to residents. (B—G)

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## Section 390.1050 (continued)

- b) There shall be education and training in the maintenance of oral health which includes a dental hygiene program that includes imparting information regarding nutrition and diet control measures to residents and staff; instruction of residents and staff in living units in proper oral hygiene methods; and instruction of parents or surrogates in the maintenance of proper oral hygiene, where appropriate (as in the case of residents leaving the facility). (B—G)
- c) There shall be comprehensive diagnostic services for all residents (diagnostic for residents from birth to two (2) years of age only if medically indicated) which include a complete extra and intra oral examination utilizing all diagnostic aides necessary to properly evaluate the resident's oral condition, within a period of one (1) month following admission unless examined within six (6) months before admission and results received by the facility with the results of said examination entered in the resident's dental record as a separate part of the resident's permanent medical chart. (B—G)
- d) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: (B—G)
  - 1) Provision for dental treatment
  - 2) Provision for emergency treatment on a twenty-four (24) hour, seven (7) days a week basis, by a qualified dentist.
  - 3) A recall system that will assure that each resident is reexamined at specified intervals in accordance with their needs, but at least annually. Needed dental treatment shall be provided.
- e) The direct care staff shall receive in-service education annually. This will be provided by the dentist or he may utilize a dental hygienist. (B—G)
  - 1) Direct care staff shall be educated in ultrasonic and/or manual denture and partial denture cleaning techniques.
  - 2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.
  - 3) Direct care staff shall be educated in examining the mouth in



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## Section 390.1050(e)(3) (continued)

order to recognize abnormal conditions for necessary referral.

- 4) Direct care staff shall be educated regarding nutrition and diet control measures and the effect on dental health.

- 5) Supplemental dental training films shall be included with any other health training films seen on a rotating basis.

- f) The facility's dental program shall provide for proper daily personal dental hygiene care which includes, but is not limited to, the following: (B-~~6~~)

- 1) Assistance in cleaning mouth with electric or hand brush if resident is unable to do so.

- 2) Proper cleaning of dentures and/or partials.

- g) The dental program shall provide for inservice education to residents and staff under direction of dental staff including, but not limited to, the following: (B-~~6~~)

- 1) Information regarding nutrition and diet control measures which are dental health oriented.

- 2) Instruction in proper oral hygiene methods.

- 3) Instruction concerning the importance of maintenance of proper oral hygiene and where appropriate including family members or surrogates (as in the case of residents leaving the long-term care facility).

- h) Each facility shall have a denture and dental prosthesis marking system which takes into account the identification marking system contained in Ill. Rev. Stat., 1983, Ch. 111, par. 2202, "Manufacture of dentures and dental prosthesis - Identification marks." Policies and Procedures shall be written and contained in the facilities Policies and Procedure Manual. It shall include, at a minimum, provisions for: (B-~~6~~)

- 1) Marking individual dentures or dental prosthesis, if not marked prior to admission to the facility, within ten (10) days of admittance; and

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## Section 390.1050(h) (continued)

- 2) Individually marked denture cups for denture storage at night.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.1070 Psychological Services

EMERGENCY

- a) The facility shall provide psychological services either directly or indirectly by arrangements with an outside resource. These services should be provided to the residents as needed both directly through personal contact with the psychologist and indirectly through the psychologist's consultation with other persons involved in the resident's treatment program. (B-~~6~~)

- b) Each resident shall be evaluated within thirty (30) days of admission regarding the need for such services and results of such evaluation shall be entered in the medical record.

- c) Psychologists shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents for the purpose of initiation, monitoring, and follow-up of individual habilitation programs. ~~(B-6)~~

- d) The psychologist shall report and disseminate the evaluation results in such a manner that the information, useful to the staff working with the resident, will be promptly provided and that accepted standards of confidentiality will be maintained. ~~(B-6)~~

- e) The facility shall employ sufficient, appropriately qualified staff, and necessary supporting personnel, to carry out the various psychological service activities in accordance with the needs of the following functions:

- 1) Psychological services to residents including evaluation, consultation, therapy, and program development. ~~(B-6)~~

- 2) Administration and supervision of psychological services. ~~(B-6)~~

- 3) Staff training. ~~(B-6)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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Section 390.1080(f) (continued)

personally meaningful ways to support the resident's experience in the facility through: ~~(C)~~

- 1) Collateral counseling concerned with problems associated with changes in family structure and functioning. ~~(C)~~
- 2) Referral to specific services, as appropriate. ~~(C)~~
- 3) Help the family to participate in planning for the resident's return to home or other community placement. ~~(C)~~
- g) The facility shall employ sufficient, appropriately qualified staff, and necessary supporting personnel to carry out the various social service activities to meet the program needs of the residents. ~~(B)~~ ~~(C)~~
- h) If the facility designates a nonqualified social worker, then that such person shall receive adequate consultation from a qualified social worker as defined in Section 390.330.

(Source: Emergency amendment at 12 Ill. Reg. 182.43, effective October 24, 1988, for a maximum of 150 days)

Section 390.1090 Speech Pathology and Audiology Services  
EMERGENCY

- a) The facility shall provide speech pathology and audiology services as needed by the residents, either directly, or indirectly by arrangements with an outside resource. These services shall be provided both directly by speech pathologists, audiologists and other personnel and indirectly through consultation with other persons involved in implementing residents communication improvement programs. ~~(B)~~ ~~(C)~~
- b) Each resident shall be evaluated within thirty (30) days regarding the need for such services and the results of such evaluation shall be entered in the medical record.
- c) The following services are to be provided each resident as indicated by screening and evaluation results:
  - 1) Comprehensive audiological assessment of residents, as indicated by screening results, to include tests of puretone air and bone conduction, speech audiometry, and other procedures, as

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Section 390.1080 Social Services

EMERGENCY

- a) The facility shall provide Social services, needed by the resident. These services shall be provided to the residents by or with consultation of a qualified social worker through the use of social work methods directed toward: ~~(B)~~ ~~(C)~~
  - 1) Maximizing the social functioning of each resident. ~~(C)~~
  - 2) Enhancing the coping capacity of the resident or his family. ~~(C)~~
  - 3) Asserting and safeguarding the human and civil rights of the residents and their families, and fostering the human dignity and personal worth of each resident. ~~(C)~~
- b) The resident and his family shall be helped by social workers during the evaluation process, which may or may not lead to admission, to consider alternative services, based on the resident's status and salient family and community factors, and to make a responsible choice as to whether and when residential placement is indicated. ~~(C)~~
- c) Each resident shall be evaluated within thirty (30) days of admission regarding the need for such services and the results of such evaluation shall be entered in the medical record.
- d) Social workers shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs. ~~(C)~~
- e) As appropriate during the developmentally disabled person's admission to and while receiving services in the facility, the social worker shall provide liaison between him, the facility, the family, and the community, so as to help the staff to: ~~(C)~~
  - 1) Individualize and understand the needs of the resident and his family in relation to each other. ~~(C)~~
  - 2) Understand social factors, including staff-resident relationships, in the resident's day-to-day behavior. ~~(C)~~
  - 3) Prepare the resident for changes in his living situation. ~~(C)~~
- f) Social workers shall help the family to develop constructive and



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## Section 390.1090(c)(1) (continued)

necessary, and to include assessment of the use of visual cues. ~~(C)~~

- 2) Assessment of the use of amplification. ~~(C)~~
- 3) Provision for procurement, maintenance, and replacement of hearing aids, as specified by a qualified audiologist. ~~(C)~~
- 4) Comprehensive speech and language evaluation of residents, as indicated by screening results, which include appraisal of articulation, voice, rhythm, and language. ~~(C)~~
- 5) Participation when appropriate in the continuing interdisciplinary evaluation of individual residents for purposes of initiation, monitoring, and follow up of individualized habilitation programs. ~~(C)~~
- 6) Treatment services including: Direct counseling with residents, consultation with appropriate staff for speech improvement and speech education activities, and collaboration with appropriate staff to develop specialized programs for developing the communication skills of individuals in comprehension (for example, speech, reading, auditory training, and hearing aid utilization) as well as expression (for example, improvement in articulation, voice, rhythm, and language).
- 7) Participation in inservice programs for direct care and other staff. ~~(C)~~
- 8) Report evaluation and assessment results accurately and systematically, and in such manner as to, where appropriate, provide information useful to other staff working directly with the resident and to provide evaluative and summary reports for inclusion in the resident's unit record. ~~(C)~~
- 9) Continuing observations of treatment progress shall be recorded accurately, summarized, communicated and utilized in evaluating progress. ~~(C)~~
- d) There shall be provided sufficient, appropriately qualified staff, and necessary supporting personnel, to carry out the various speech pathology and audiology services, in accordance with stated goals and objectives. (B-~~C~~)
- e) Staff who assume independent responsibilities for clinical services

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## Section 390.1090(e) (continued)

shall meet the requirements as defined in Section 390.330. (B-~~C~~)

- f) Adequate direction shall be provided personnel, volunteers, or supportive personnel utilized in providing clinical services. ~~(C)~~
  - g) Space, facilities, equipment, and supplies shall be adequate for providing efficient and effective speech pathology and audiology services. ~~(C)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1100 Recreational and Activity Services  
EMERGENCY

- a) 1) The facility shall provide recreational and activity services as necessary to meet the needs of the residents. These services shall be coordinated with other services and programs provided the residents, in order to make fullest possible use of both community and facility resources and to maximize benefits to the residents. ~~(C)~~
- 2) Each resident shall be evaluated within thirty (30) days of admission regarding the need for services and the results of such evaluation shall be entered in the medical record.
- b) There shall be a specific planned program of group and individual activities designed to encourage restoration to self-care and maintenance of normal activity which is geared to the individual resident's needs. Activities shall be available daily and for a reasonable amount of time. Residents shall be given an opportunity to contribute to planning, preparation, conducting, cleanup, and critique of the program. (B-~~C~~)
- c) 1) There shall be a trained staff person responsible for planning and directing the activity program. This person shall be on duty for a sufficient amount of time to provide a program that meets the residents' needs and interests. Additional activity personnel shall be provided as necessary to meet the needs of the residents and the program. (B-~~C~~)
- 2) The staff person responsible for planning and directing the

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## Section 390.1100(c)(2) (continued)

recreational services shall participate in the continuing interdisciplinary evaluation of individual residents needs for the purpose of initiating, monitoring, and follow-up of these programs.

- d) There shall be written permission, with any contraindications stated, given by the resident's physician for the resident to participate in the activity program. Standing orders will be acceptable with individual contraindications noted.
- e) The recreational and activity program shall include, as appropriate to the residents, the following program areas, at a minimum:
  - 1) Recreational activities (examples: age appropriate games, both quiet and active; parties; outside entertainment; etc.).
  - 2) Arts and crafts (suitable to meet residents' needs).
  - 3) Religious activities (examples: Bible study or discussion; Bible quizzes and games; hymn singing; grace at meals; etc.). These are in addition to routine religious services.
  - 4) Service activities for community and/or facility (examples: assist with community fund drives; projects for orphanages; care of one's own area in the facility; helping to fold linen; etc.).
  - 5) Social activities (examples: grooming and social graces; planned group discussion; quizzes and word games; resident council; newsletter; etc.).
  - 6) Community activities (examples: residents' participation in community activities such as plays; church events; band concerts; tours; Girl Scouts and Boy Scouts, etc.).
  - 7) A planned volunteer and/or auxiliary program that assists with the activities program shall be encouraged. It shall be under the direction of a staff member in a supervisory capacity.
  - 8) Documentation of residents' response to program shall be part of the residents' record as set forth in Section 390.1620(b)(2).
- f) Equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activities

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## Section 390.1100(f) (continued)

programs.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1120 Work Activity and Prevocational Training Services  
EMERGENCY

- a) Where appropriate, providers should cooperate with state and community agencies in assisting individual residents to avail themselves of specialized work activity programs, prevocational and work adjustment training, sheltered workshop programs, and other similar programs that are provided outside of the facility. (B-~~7~~-G)
  - b) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.
  - c) Residents shall not be used to replace employed staff. (B-~~7~~-G)
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1310 Restraints and Safety Devices  
EMERGENCY

- a) There shall be written policies, which are followed in the operation of the facility, covering the use of restraints and confinements. (B-~~7~~-G)
- b) Restraints and confinements, as defined in Section 390.330 shall not be used except in an emergency or as an integral part of an Individual Behavior Program ordered by a physician. The emergency use of mechanical or chemical restraints requires the written order of a physician. (See subsection (c) below). Neither confinements nor restraints shall be used to punish or discipline a resident or as a convenience to the staff. (Safety devices such as vests, elbow cuffs, mittens, enclosed cribs or playpens, or other devices ordered by the physician may be applied to prevent a resident from falling or injuring himself.) (B-~~7~~-G)



## Section 390.1310 (continued)

- c) There shall be written policies which are followed in the operation of the facility, controlling the use of safety devices. These policies shall be developed by the medical advisory committee with participation by nursing and administrative personnel. (B—~~C~~)
- d) All safety devices shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 390.1420(a). (B)
- e) The reasons for ordering and using safety devices shall be recorded in the resident's clinical record. The recordings shall contain ongoing evaluations of need for the safety devices and the measures being taken to reduce or eliminate the need for their use. —~~(C)~~
- f) A resident wearing a safety device shall have it released for a few minutes at least once every two (2) hours, or more often if necessary unless otherwise ordered by a physician. Residents in orthopedic chairs shall be removed from such chairs for at least ten (10) minutes every two (2) hours or more often and assisted to ambulate if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided. (B)
- g) No safety device with locks shall be used. (B)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1320 Behavior Management  
EMERGENCY

- a) Behavior management shall be conducted under the direction of a psychologist or Qualified Mental Retardation Professional with a behavior science education and one (1) year of experience in behavior management.
- b) The facility shall have written policies and procedures concerning behavior management as needed to meet the needs of the residents. These policies shall be directed to maximizing the growth and development of the resident and shall emphasize positive approaches. These policies shall contain at a minimum:
  - 1) A hierarchy of available methods from least to most restrictive.

## Section 390.1320(b) (continued)

- 2) Policies that define the use of Individual Behavior Programs, the persons qualified to authorize them, and a mechanism for monitoring and controlling their use.
- c) Each resident shall have an Individual Behavior Program developed for him/her, if deemed necessary by the facility's psychologist or Qualified Mental Retardation Professional. All Individual Behavior Programs shall be designed to facilitate the development of adaptive behaviors, replace maladaptive behaviors with those that are more adaptive and appropriate, and/or channel maladaptive behavior into more appropriate modes of expression. They shall utilize the least restrictive methods that are effective. When positive reinforcement is used solely for the purpose of improving adaptive or acceptable behavior, an Individual Behavior Program is not required. (B—~~C~~)
- d) Each Individual Behavior Program shall be reviewed and approved by the interdisciplinary team, which must include, for this review, a psychologist or a Qualified Mental Retardation Professional with a behavior science education and one (1) year of experience in behavior management.
- e) Each Individual Behavior Program shall specify:
  - 1) the behavior objectives of the program;
  - 2) the method to be used;
  - 3) the schedule for the use of the method;
  - 4) the person responsible for the program;
  - 5) the data to be collected to assess progress toward the objectives.
- f) Each Individual Behavior Program shall be available in the appropriate program and living areas, and to the resident and his family.
- g) The facility shall not permit residents to discipline other residents. (B—~~C~~)
- h) The facility shall maintain records of significant maladaptive behavior and the action taken by staff as a consequence of such behavior. —~~(C)~~

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## Section 390.1320 (continued)

i) When food is provided as part of a behavior management program, its effect on nutrition and dental status shall be determined and considered. Such programs shall not employ, or result in, denial of a nutritionally adequate diet. (B-6)

j) When restriction is used for behavior management: (B)

- 1) It may be utilized only as an integral part of an Individual Behavior Program and shall be designed to lead to a less restrictive way of managing and ultimately eliminating the maladaptive behavior for which the restriction was employed, except in an emergency.
- 2) The facility shall obtain a written order approving the Individual Behavior Program from a physician. The order shall describe the restrictions to be used.
- 3) The events leading up to the need for restriction shall be recorded in the resident's clinical record.
- 4) The resident's record shall document the fact that less restrictive methods of modifying or replacing the behavior have been systematically tried and have been demonstrated to be ineffective.
- 5) The informed consent of the resident, resident's guardian, or parent of a minor resident, as applicable, to the use of the Individual Behavior Program, shall be obtained before implementation of the program.
- 6) The Individual Behavior Program shall, in addition to any other requirements of this Section 390.1320, specify the behavior to be modified and shall include explicit provision for gradual diminishing of the use of restriction and ultimate discontinuation of usage.
- 7) Any Individual Behavior Program utilizing chemical restraints shall specify a time limit not to exceed thirty (30) days. The program may be renewed only on the order of a physician, for periods not to exceed thirty (30) days at any one time.
- 8) Each use of restriction shall be recorded immediately in the resident's clinical record.
- 9) Aversive stimuli may be used only in an extreme last resort

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## Section 390.1320(j)(9) (continued)

situation in which withholding it would be contrary to the best interest of the resident because his behavior is dangerous to himself or others and is extremely detrimental to his development. The resident's record shall document the fact that less restrictive methods have been systematically tried and have been demonstrated to be ineffective. (B-6)

k) When time out is used for behavior management: (B)

- 1) It may be utilized only as an integral part of an Individual Behavior Program.
- 2) It may not include the use of seclusion.
- 3) The resident may be retained in a given area for a brief period of time. An open-top enclosure in which the resident can move freely and can see either over or through the sides may be utilized. A chair or mat must be provided, as appropriate.
- 4) Time out for more than fifteen (15) minutes at any one time, for more than a total of thirty (30) minutes in any one (1) hour period, or for more than a total of two (2) hours in any eight (8) hour period, shall be effected only upon the written order, on each occasion, of the facility administrator or other designated supervisory or professional personnel. Consecutive periods of time out separated by less than five (5) minutes shall be considered as a single period of time out. The order shall state in detail the reason for the time out and may not be for a period of more than one (1) hour. No order for further time out may be written unless the facility administrator or designated supervisory personnel on duty at the time has reviewed the situation with the staff and has documented the need for another period of time.
- 5) When time out exceeds fifteen (15) minutes at any one time, the situation shall be reviewed at least every fifteen (15) minutes by the facility administrator or designated supervisory personnel.
- 6) A staff member shall be assigned to visually check on each person in time out at least every fifteen (15) minutes.
- 7) A record must be kept for each period of time out. Each time a resident is placed in time out, entries shall be made, either in



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a separate log kept for this purpose or in the resident's record. For time out periods of fifteen (15) minutes or less, the following entries shall be made: name, number of periods of time out in a specified block of time (not to exceed four (4) hours). For time out periods of more than fifteen (15) minutes, the following entries shall be made: resident's name, time in, time out, name of authorized person signing written order for time out, reason resident was placed in time out, and signature of staff member requesting time out. Staff member assigned to fifteen (15) minute checks must sign the log as the time checks are made, recording the time and the resident's condition. ~~(C)~~

- 8) All safety precautions shall be observed so that the patient cannot injure himself while in "time out." (A, B, ~~C~~)

- 1) When behavior management is used to alleviate significant, chronic maladaptive behavior in a resident, it may be utilized only as an integral part of an Individual Behavior Program.

- m) No form of seclusion shall be permitted. (B, ~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.1330 Behavior Emergencies

EMERGENCY

- a) There shall be written policies which are followed in the operation of a facility when a behavior emergency occurs. (B, ~~C~~)
- b) If a resident becomes unmanageable, the attending physician shall be contacted immediately and the resident shall be examined by the physician as soon as possible. (B, ~~C~~)
- c) Mechanical or chemical restraints shall be used in a behavior emergency only upon a physician's order. The resident shall be examined by the physician within forty-eight (48) hours from the time the restraint has commenced. When the physician is not immediately available, a nurse with supervisory responsibility, or the facility administrator may approve in writing the use of mechanical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician within eight (8) hours, and a written order shall be obtained from the physician within forty-eight

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(48) hours. If the original approval was issued by someone who is not a Registered Nurse, the approval is countersigned by a Registered Nurse within eight (8) hours, or the restraint discontinued. (B)

- 1) No order for a restraint shall be valid for more than forty-eight (48) hours. If further restraint is required, a new order must be signed by a physician. (B)
- 2) Restraints and confinements may be applied only by personnel trained in proper application and observation of the restraint. (B)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1410 Medication Policies and Procedures  
EMERGENCY

- a) Every facility shall adopt written policies and procedures, which are consistent with the purpose of the Act and this Part and which shall be followed in the operation of the facility, for properly and promptly obtaining, dispensing, administering, and disposing of drugs and medications. These policies and procedures shall be in compliance with all applicable Federal, State and local laws. (A, B)
- These policies and procedures shall be developed with the advice of a pharmaceutical advisory committee which includes at least one (1) licensed pharmacist, one (1) physician, the administrator and the Director of Nursing Services. This committee shall meet at least quarterly. (B, ~~C~~)
- b) All legend medications maintained in the facility shall be on individual prescription or from the physician's personal office supply, and shall be properly labeled as set forth in Section 390.1440(f). A physician who supplies medicine from his personal office supply must comply with all requirements of the "Medical Practice Act" (Ill. Rev. Stat. 1981, ch. III, pars. 4401 et seq.) and the "Illinois Controlled Substances Act" (Ill. Rev. Stat. 1981, ch. 56 1/2, par. 1100 et seq.), and the Rules promulgated thereunder. (B, ~~C~~)
- c) All medications administered shall be properly recorded as set forth in Section 390.1620(b)(16). (B, ~~C~~)
- d) The staff pharmacist or consultant pharmacist shall participate in

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Section 390.1410(d) (continued)

- the planned in-service education program of the facility on topics related to pharmaceutical services. ~~(B-7-G)~~
- e) Permission must be obtained from this Department prior to the opening of any pharmacy in a facility. Such permission will be granted only if it can be shown that the operation of the pharmacy will not interfere in any way with the residents. The pharmacist shall then obtain a license to operate the pharmacy in accordance with the rules of the Illinois Department of Registration and Education. ~~(B-7-G)~~
  - f) No facility shall maintain a stock supply of controlled drugs or legend drugs, except for those emergency life saving drugs required in the emergency medication kit, as described in subsection(j) below. ~~(B-7-G)~~
  - g) A facility may stock only drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon written order of the physician, dentist, or podiatrist, shall be administered from the original containers, and shall be recorded in the resident's clinical record. ~~(B-7-G)~~
  - h) A facility may keep "convenience boxes" containing a reasonable number of medications normally used to treat conditions when residents suddenly become ill in non-life-threatening situations. There shall be no more than six (6) single doses of any one medication for each one hundred (100) licensed beds or portion thereof. Such conditions may include, but are not limited to; convulsions, serious emotional upsets, diarrhea, infection, severe pain, etc. A dose shall be that amount listed by the manufacturer as the "usual dose" of the medication for adults. If the "usual dose" is two (2) tablets, the facility may keep twelve (12) tablets in the convenience box. ~~(B-7-G)~~
  - 1) The contents and number of these "convenience boxes" shall be determined by the pharmaceutical advisory committee, and there shall be a label on the outside of each box, listing the contents. ~~(B-7-G)~~
  - 2) Each "convenience box" shall be under the control of the pharmacy which supplies the contents of the box, and it shall be kept in a locked medicine room or cabinet. ~~(B-7-G)~~
  - 3) No Schedule II substances shall be kept in "convenience boxes." ~~(B-7-G)~~

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Section 390.1410 (continued)

- i) Emergency medication kits containing drugs necessary for life saving measures shall be approved by the facility's pharmaceutical advisory committee, and shall be available for immediate use at all times in locations as determined by the pharmaceutical advisory committee. ~~(B-7-G)~~
- 1) In order to provide better security for the contents of these kits, it is recommended that some type of seal be placed on each kit after it has been checked and refilled. This would ensure that the contents of each kit are intact when needed in an emergency.
- 2) These kits shall consist of no more than three (3) single, injectable doses of only a few medications, such as those necessary to treat: cardiac arrest, acute coronary, acute cardiac failure, asthmatic and/or allergic reactions, acute convulsions, acute pain, shock, diabetic coma, insulin shock, and an acute respiratory infection requiring emergency administration of a starter dose of an injectable antibiotic. The kits should also contain all of the equipment needed to administer these medications, such as a tourniquet, proper size needles and syringes, and alcohol swabs. It is also permissible to have an airway in these kits. ~~(A, B-7-G)~~
- 3) The contents of these kits shall be labeled on the outside of each kit. The kits shall be refilled as needed. They shall be reviewed by the pharmaceutical advisory committee regarding content at least quarterly. Written documentation of this review shall be maintained. ~~(B-7-G)~~
- j) Since emergency medication kits must be available for immediate use at all times, the following requirements must be met when controlled substances are kept as part of the emergency medication kits: ~~(B-7-G)~~
  - 1) The controlled substances must be stored separately in a locked cabinet or room, and labeled as to substance and the fact that they are a part of the emergency medication kit. The label of the emergency kit shall list the substances and the specific location where they are stored. ~~(B-7-G)~~
  - 2) The controlled substances must be obtained from a drug Enforcement Administration registered hospital, pharmacy, or practitioner. ~~(B-7-G)~~



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## Section 390.1410(j) (continued)

- 3) Only the director of nursing services, registered nurse on duty, licensed practical nurse on duty, consultant pharmacist or practitioner shall have access to these controlled substances. (B-6)
- 4) No more than ten different controlled substances shall be kept as part of an emergency medication kit, and there shall be no more than three single, injectable doses of any one controlled substance. (B-6)
- 5) These controlled substances may be administered only under the emergency conditions set forth in subsection(i)(2) above and only by registered nurses, licensed practical nurses or practitioners, in compliance with 21 CFR 1306.11 and 21 CFR 1306.21 and the Department of Registration and Education's rules for the administration of the Illinois Controlled Substance Act (77 Ill. Adm. Code 1650.520). (B-6)
- 6) A proof-of-use sheet shall be stored with each separate controlled substance. Entries shall be made on the proof-of-use sheet by the nursing staff or practitioner when any controlled substance from the kit is used. The consultant pharmacist shall receive and file for two years a copy of all completed proof-of-use sheets. (B-6)
- 7) Whenever the controlled substance portion of an emergency medication kit is opened, the consultant pharmacist shall be notified within 24 hours. During any period when this kit is opened, a shift count shall be done on all controlled substances until the kit is closed or locked by the consultant pharmacist. Shift counts are not mandatory when the kit is sealed. Proper forms for shift counts shall be kept with these portions of emergency medication kits. (B-6)
- 8) The consultant pharmacist shall check the controlled substances portions of emergency medication kits at least monthly and so document on the outside of the kit. (B-6)
- 9) Failure to comply with any provision of this Section, or of any applicable provision of state or federal statutes or regulations pertaining to controlled substances shall result in loss of the privilege of having or placing controlled substances in emergency medication kits until such time as the facility can demonstrate that it is in compliance with such regulations. This is in addition to the usual methods of corrective action

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## Section 390.1410(j)(9) (continued)

available to the Department, such as fines and/or other penalties.

- k) Oxygen may be administered in a facility either as concentrated bottled oxygen or via means of an oxygen concentrator. Storage and handling of the bottled oxygen supply shall be in accordance with the 1977 National Fire Protection Association Standards, but no subsequently amended edition of the Standards, for nonflammable medical gas systems. (See Section 390.2620 or Section 390.2920 as appropriate). The facility must be compliance with directions for use of oxygen concentrators as established by the manufacturer. (A, B-6)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1420 Conformance with Physician's Orders  
EMERGENCY

- a) All medications including cathartics, headache remedies, or vitamins shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician (Rubber stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time. (A, B-6)  
 Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within five (5) working days. Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations. (B-6)
- b) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on his/her clinical experience and judgment, determine if there are irregularities which would cause potential adverse reactions, allergies, interactions, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the resident's clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. (A, B-6)

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Section 390.1430(a) (continued)

- 1) Medications shall be administered as soon as possible after doses are prepared and administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems. (B-~~7~~-G)
- 2) Each dose administered shall be properly recorded in the clinical records by the person who administers the dose. (See Section 390.1620(b)(16)) (A, B-~~7~~-G)
- 3) Self-administration of medication shall be permitted only upon the written order of the attending physician. (B-~~7~~-G)
- b) The facility shall have medication cards, or acceptable substitutes, which shall be used and checked against the physician's orders when administering medications to assure proper administration of medicine to each resident. Such records as computer generated medication sheets may be used. These cards shall include or be accompanied by recent photographs or other means of easy identification such as resident identification wristbands. Medication records shall contain resident's name, diagnoses, known allergies, current medications, and, if possible, a history of prescription and non-prescription medications taken by the resident during the thirty (30) days prior to admission to the facility. (B-~~7~~-G)
- c) Medications prescribed for one resident shall not be administered to another resident. (B-~~7~~-G)
- d) If for any reason, a physician's medication order cannot be followed, the physician shall be notified as soon as is reasonable depending upon the situation and a notation made on the resident's record. (B-~~7~~-G)
- e) Medication errors and drug reactions shall be immediately reported to the resident's physician and the consulting pharmacist. An entry thereof shall be made in the resident's clinical record and the error or reaction shall also be described on an incident report. (A, B)
- f) Nurses' stations shall be equipped as per Section 390.2660(e) or Section 390.2960(d) and shall have all necessary items readily available for the proper administration of medications. ~~(G)~~
- g) Current medication references shall be available, such as the current edition of "Facts and Comparisons, Hospital Formulary," "Physician's

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- c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee. (B-~~7~~-G)
- d) The resident's attending physician shall be notified of medications about to be stopped so that he/she may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. (B-~~7~~-G)
- e) All medications to be released to the resident, or person responsible for his care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time, (such as when attending a vocational training program or on a week-end pass), shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1430 Administration of Medication  
EMERGENCY

- a) All medications shall be administered only by licensed medical or licensed nursing personnel in accordance with their respective licensing requirements. (Some schools of nursing, especially some licensed practical nursing schools, do not include pharmacology courses. It is required that graduates of these schools successfully complete a course in pharmacology or have at least one year's full-time equivalent experience in administering medications in a health care setting, in order to be considered to "have either training or experience, or both, in the job assigned to them" (Section 390.670(b)(2)), if their duties include administering medications to residents.) (A, B-~~7~~-G)
- Attorney General's Opinion File No. 5-1033, dated January 9, 1976 concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act (Ill. Rev. Stat. 1973, ch. 91, pars. 35.32 et seq.), and as such, cannot be performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aids, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes."



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## Section 390.1430(g) (continued)

Desk Reference" or other suitable references. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1440 Labeling and Storage of Medications  
EMERGENCY

- a) All medications for all residents shall be properly labeled and stored at, or near the nurses' station in a locked cabinet, in a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsection (f) and (g) below) (B)
- 1) These cabinets, rooms, and/or carts shall be well lighted and of sufficient size to permit storage without crowding. (B—G)
- 2) All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored safely and securely — either in a locked room or otherwise made immobile. (B—G)
- b) All medications for external use shall be kept in a separate area in the medicine cabinet, medicine room or mobile medication cart. (B—G—)
- c) All poisonous substances and other hazardous compounds, such as sterilization solutions, irrigation solutions, antiseptics, diagnostic reagents, etc., shall be kept in a separate locked container away from medications. (B)
- d) Biologicals or medications requiring refrigeration shall be kept in a separate securely fastened locked box within a refrigerator or a locked refrigerator, at or near the nurses' station or in a refrigerator within a locked medication room. (B)
- e) The key to the medicine cabinet, medicine room and/or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer medications at all times. (B—G)
- f) The label of each individual multidose medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name, strength and quantity of

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## Section 390.1440(f) (continued)

drug, date this container was last filled, the initials of the pharmacist filling the prescription, the identity of the pharmacy, the refill date, and any necessary special instructions. If the individual multidose medication container is filled by a physician from his own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist and prescription number. ~~(C)~~

- g) Each single unit and/or unit dose package shall bear the proprietary and/or nonproprietary name of the drug, strength of dose and total contents delivered, lot or control number, and expiration date, if applicable. The names of the resident and the physician do not have to be on the label of the package, but they must be identified with the package in such a manner as to assure that the drug is administered to the right resident. Appropriate accessory and cautionary statements and any necessary special instruction shall be included, as applicable. Hardware for storing and delivering the medications shall have a label bearing the identity of the dispensing pharmacy. The pharmacist shall provide written verification of the date the medications were dispensed and the initials of the pharmacist who reviewed and verified the medications on hand. The pharmacist need not store such verification at the facility but shall readily make it available to the Department upon request. The lot or control number need not appear on unit dose packages if the dispensing pharmacy has a system for identifying those doses recalled by the manufacturer/distributor or if the dispensing pharmacy will recall and destroy all dispense doses of a recalled medication, irrespective of a manufacturer's/distributor's specifically recalled lot. (B—G)
- h) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Medications in containers having no labels shall be destroyed in accordance with Federal and State laws. (B—G)
- i) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers, except that a licensed nurse may remove medication from original containers and place it in other containers to be sent with a resident when the resident will be out of the facility at the time of scheduled administration of medication, as, for instance, when the resident is on a home visit or away from the facility for employment, workshop, or educational activities. When medication is sent out of the facility with the resident, it shall be

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## Section 390.1440(i) (continued)

labeled by the nurse with the name of the resident, name of the medication, instructions for taking and any other appropriate information. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1450 Control of Narcotics and Legend Drugs  
EMERGENCY

- a) The facility shall comply with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.
- b) All Schedule II controlled substances shall be stored in such a manner so that two (2) separate locks, using two (2) keys, must be unlocked to obtain these substances. This may be accomplished by several methods such as locked cabinets within locked medicine rooms, separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet, locked portable medication carts, which are stored in locked medicine rooms when not in use or portable medication carts containing a separate locked area within the locked medication cart, when such cart is made immobile. (B-~~G~~)

- c) 1) All discontinued medications, or those having an expiration date that has passed, and all medications of residents who have been discharged or who have expired, shall be disposed of in accordance with the written policies and procedures that have been established by the facility in accordance with Section 390.1410.

- 2) This Section shall not apply to residents who have been temporarily transferred to a hospital or who are on a temporary home visit. Medications for such persons shall be kept in the facility until such time as the resident expires or is discharged from the facility. (B-~~G~~)

- d) 1) For all Schedule II substances, a controlled substances record shall be maintained which lists on separate sheets, for each type and strength of Schedule II Substance, the following information: date, time administered, name of resident, dose, physician's name, signature of person administering dose, and

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number of doses remaining. (~~G~~)

- 2) The pharmaceutical advisory committee may also require that other medications shall be subject to such inventory records.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1610 Resident Record Requirements  
EMERGENCY

- a) Each facility shall have a medical record system that facilitates the retrieval of information regarding individual residents as demonstrated by the facility. (~~G~~)
- b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. (~~G~~)
- c) Record entries shall meet the following requirements:

- 1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. (~~G~~)

- 2) Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry. (~~G~~)

- d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the original written signature of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable. (~~G~~)

- e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. (B-~~G~~)

- 1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. (B-~~G~~)



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## Section 390.1610(e) (continued)

- 2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or habilitation services shall be included in the resident's progress record when the recommendations pertain to an individual resident. ~~-(C)-~~
- f) A medication administration record shall be maintained which contains the date and time each medication is given, name of drug, dosage, and by whom administered. ~~-(C)-~~
- g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures which shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output. ~~-(C)-~~
- h) The records maintained for each resident shall be adequate for:
  - 1) Planning and continuously evaluating each resident's habilitation program,
  - 2) Furnishing evidence of each resident's progress and response to the habilitation program, and
  - 3) Protecting each resident's legal rights.
- i) The facility shall have the option of using universal progress notes in the medical records.
- j) Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 390.1650 of this Part. ~~-(C)-~~
- k) Discharge information shall be completed within forty-eight hours after the resident leaves the facility.
  - 1) Within forty-eight hours after the resident leaves the facility the resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This

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## Section 390.1610(k)(1) (continued)

- information may be entered onto the admission record form. ~~-(C)-~~
- 2) The discharge information shall also include reasons for discharge, diagnosis, individual habilitation plan, physical, pertinent medical and social histories, orders and staff recommendations for immediate care to ensure the optimal continuity of care for the resident.
  - l) At the time of discharge, the facility shall provide those responsible for the resident's post-discharge care with an discharge summary. A copy of this discharge summary shall be retained as a part of the resident record.
  - m) When a resident is temporarily transferred to another location, the facility shall provide the temporary caretaker with medical and other information necessary and useful in the care and treatment of the resident.
  - n) At least six months prior to a resident's eighteenth birthday, the facility shall complete a report regarding the resident's guardianship status and any actions needed to establish guardianship.
  - o) Each resident record is the property of the facility. The facility shall be responsible for securing resident record information against loss, defacement, tampering or use by unauthorized persons.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1620 Content of Medical Records  
EMERGENCY

- a) No later than the time of admission, the facility shall enter the following information onto the Identification sheet or admission sheet for each resident:
  - 1) Name, sex, date of birth and Social Security Number,
  - 2) Whether the resident has been previously admitted to the facility,
  - 3) Date of current admission to the facility,

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- 4) State or country of birth,
  - 5) Religious affiliation (if any),
  - 6) Name, address and telephone number of any referral agency, state hospital, zone center or hospital from which the resident has been transferred (if applicable),
  - 7) Name and telephone number of the resident's personal physician,
  - 8) Name and telephone number of the resident's next of kin or responsible relative,
  - 9) Race and origin,
  - 10) Father's name and mother's maiden name, Social Security numbers, birthplaces, address and marital status of resident's parents,
  - 11) Name, address and telephone number of the resident's dentist, and
  - 12) The diagnosis applicable at the time of admission.
- b) The following information shall be obtained and entered in the resident's record at the time of admission:
- 1) Height, weight, color of hair and eyes, any identifying marks, and recent photograph,
  - 2) Reason for admission or referral, as well as any prognosis that is available,
  - 3) Type and legal status of admission,
  - 4) Legal competency status,
  - 5) Language spoken or understood,
  - 6) Results of the preadmission evaluation conducted pursuant to Section 390.630(a) of this Part, previous histories and any other previous evaluations available.
  - 7) At the time of admission, the facility shall obtain a history of prescription and non-prescription medications taken by the resident during the thirty days prior to admission to the facility (if available).

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- c) Within fourteen days of admission, each resident's record shall contain an individual habilitation plan which shall be reviewed and updated in accordance with the requirements specified in Section 390.1010(c) of this Part.
- d) Within one month of admission, each resident's record shall contain a statement of prognosis that can be used for programming and placement.
- e) In addition to the information that is specified above, each resident's medical record shall contain the following:
  - 1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and prognosis, if available. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma. ~~(C)~~
  - 2) A physician's order sheet that includes orders for all medications, treatments, therapy and habilitation services, diet, activities and special procedures or orders required for the safety and well-being of the resident. ~~(C)~~
  - 3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition. ~~(B)(C)~~
  - 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.
- A) Physicians and other consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident. ~~(C)~~
- B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services, work programs and nursing and personal care shall be recorded as they are noted. If no significant observations or developments are noted for a month, an entry shall be made in the record of that fact. ~~(C)~~



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## Section 390.1620(e) (continued)

- 5) Any laboratory and x-ray reports ordered by the resident's physician. ~~-(G)-~~
- 6) Documentation of visits to the resident by a physician and to the physician's office by the resident. ~~-(G)-~~ The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.
- 7) The results of the physical examination conducted pursuant to Section 390.1030(f) of this Part. ~~-(G)-~~
- 8) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while in the hospital.
- 9) Reports of overall reviews and evaluations of each resident's individualized program plan. These reports shall identify the developmental progress and status of each resident, and shall be completed at least semi-annually by each professional discipline providing services to the resident.
- 10) Any correspondence pertaining to the resident's program.
- 11) Records of significant behavior incidents, reactions to any family visits and contacts, and attendance at programs.
- 12) An update of the information recorded at the time of admission. This update shall be performed at least once every twelve months, with changes in information relevant to the resident's personal physician and responsible relative to be recorded as they occur.
- 13) Appropriate authorizations and consents.
- 14) Weekly record of resident's weight, unless a different interval is ordered by the physician.
- 15) Records on leaves and temporary transfers, which shall include date, time, condition of resident, to whom released, planned destination, anticipated date of return, and any special

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## Section 390.1620(e)(15) (continued)

instructions on medication dispensed.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1640 Records Pertaining to Residents' Property  
EMERGENCY

- a) The facility shall maintain a record of any resident's belongings, including money, valuables and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. ~~-(G)-~~
- b) When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the date, amount, and items purchased. ~~-(G)-~~
- c) A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1650 Retention and Transfer of Resident Records  
EMERGENCY

- a) Records of discharged residents shall be placed in an inactive file and retained as follows:
  - 1) Records for any resident who is discharged prior to being eighteen (18) years old shall be retained at least until the resident reaches the age of twenty-three (23). ~~-(G)-~~
  - 2) Records of residents who are over eighteen (18) years old at the time of discharge shall be retained for a minimum of five (5) years. ~~-(G)-~~
- b) After the death of a resident, the resident's record shall be retained for a minimum of five (5) years. ~~-(G)-~~

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## Section 390.1650 (continued)

- c) It is suggested that the administrator check with legal counsel regarding the advisability of retaining resident records for a longer period of time, and the procedures to be followed in the event the facility ceases operation.
- d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1680 Retention of Facility Records  
EMERGENCY

The facility shall retain the records referenced in this Section for a minimum of three years. ~~(C)~~ It is suggested that the administrator check with legal counsel regarding the advisability of retaining records for a longer period of time, and the procedures to be followed in the event the facility ceases operation. The records for which this requirement applies are as follows:

- a) The annual financial statement described in Section 390.210 of this Part.
- b) The minutes of resident advisory council meetings required by Section 390.650(j) of this Part.
- c) The records of in-service training required by Section 390.670(b)(4) of this Part.
- d) Copies of reports of serious incidents or accidents involving residents required by Section 390.700 of this Part.
- e) Records of the emergency medication kit review by the pharmaceutical advisory committee required by Section 390.1410(1)(3) of this Part.
- f) The reports of findings and recommendations from consultants required in Section 390.1690(a) of this Part.
- g) Copies of the quarterly reports for all employees that are filed for

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## Section 390.1680(g) (continued)

Social Security and Unemployment Compensation as required by Section 390.1690(d) of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1690 Other Facility Record Requirements  
EMERGENCY

- a) The facility shall maintain a file of reports of findings and recommendations from consultants. Each report shall be dated and indicate each specific date and time the consultant was in the facility. ~~(C)~~
- b) The facility shall complete the Illinois Department of Public Health Annual Long Term Care (LTC) Facility Survey. ~~(C)~~
- c) The facility shall maintain a permanent chronological resident registry showing date of admission, name of resident and date of discharge or death. ~~(G)~~
- d) The facility shall make available to the Department upon request copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation. ~~(C)~~
- e) Rules located in other Sections of this Part that pertain to the content and maintenance of facility records are as follows:
  - 1) The facility shall file an annual financial statement as described in Section 390.210 of this Part.
  - 2) Records and daily time schedules shall be kept on each employee as set forth in Section 390.670(a) and (b) of this Part.
  - 3) The facility shall maintain a controlled substances record as described in Section 390.1450(d) of this Part.
  - 4) Menu and food purchase records shall be maintained as set forth in Section 390.1880(d) and (f) of this Part.
  - 5) The facility shall maintain a file of all reports of serious incidents or accidents involving residents as required by



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## Section 390.1690(e)(5) (continued)

Section 390.700 of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1810 Director of Food Services  
EMERGENCY

- a) Each facility shall have a director of food service who shall be either a dietitian or a dietetic service supervisor as defined in Section 390.330. (B-~~G~~)

1) The director of food service shall be a full-time person, suited by training and experience who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of forty (40) hours each week. (B-~~G~~)

2) The head cook may be designated to fill this position as long as it does not interfere with the responsibilities of either position. (G)

- b) Consultation: If the person responsible for food services is not a dietitian, he shall have frequent and regularly scheduled consultation from a qualified dietitian. This consultation, given in the facility, shall be not less than eight (8) hours each month and shall include consultation and training in all food service procedures such as menu planning and/or review, food preparation, food storage, food service safety, sanitation and management of therapeutic diets and in-service education. (G)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1820 Dietary Staff in Addition to Director of Food Services  
EMERGENCY

There shall be sufficient number of food service personnel employed and on duty. Their working hours shall be scheduled to meet the total dietary needs of the residents. All dietary employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be

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## Section 390.1820 (continued)

available in the dietary department for employees' knowledge and use. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1830 Hygiene of Dietary Staff  
EMERGENCY

Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1840 Diet Orders  
EMERGENCY

- a) Physicians shall write, in the medical record, a diet order for residents indicating whether the resident is to have a general or a therapeutic diet and the diet shall be served as ordered. (G)

b) A diet order for each resident shall be sent in writing to the food service department for each new admission and for every subsequent change in diet for that resident as ordered by his physician. The diet order shall include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (G)

- c) The residents shall be observed to determine acceptance of the diet and these observations shall be recorded in his record and reported to the dietitian. Any significant changes in weight shall also be reported to the dietitian. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1870 Scheduling Meals  
EMERGENCY

- a) A minimum of three (3) meals or their equivalent shall be served daily at regular times with no more than a fourteen (14) hour span between a substantial evening meal and breakfast. (B-~~G~~)
  - b) Snacks of nourishing quality shall be offered between meals when there is a time span of four (4) or more hours between the ending of one meal and the serving of the next. (B) Snacks of nourishing quality shall be offered at bedtime when there is a time span of two (2) or more hours between the ending of the last meal and bedtime. (B-~~G~~)
  - c) If a resident refuses food served, reasonable and nutritionally appropriate substitutions shall be served. (B-~~G~~)
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1880 Menu Planning  
EMERGENCY

- a) Menus, including menus for snacks and "sack" lunches, if required, shall be planned at least one (1) week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions" that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution(s); the meal at which the substitution(s) was (were) made; the menu as originally written; and the menu as actually served. (B-~~G~~)
- b) The menu for the current week shall be dated and posted. Upon the request of the Department, sample menus shall be submitted for evaluation. (G-)
- c) Menus shall be different for the same day of consecutive weeks. (G-)
- d) All menus as actually served shall be kept on file for not less than thirty (30) days. (G-)
- e) Supplies of staple food for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period shall be

Section 390.1860 Infant and Therapeutic Diets  
EMERGENCY

- a) An infant diet is a diet whether therapeutic or general for residents under the age of twelve (12) months.
  - b) A therapeutic diet is a diet that varies from the recommended nutritional requirements as specified in Section 390.1850.
  - c) All diets shall be ordered by a physician and recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B-~~G~~)
  - d) All diet orders (see Section 390.1840(a) and (b)) transmitted to the Food Service Department shall include, but are not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (G-)
  - e) All diets or dietary restrictions shall be planned or approved by a dietitian. (B-~~G~~)
  - f) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen. (G-)
  - g) All infant and therapeutic diets, with the exception of liquid and medical soft, shall be reviewed at least every month. Liquid therapeutic diets shall be reviewed every forty-eight (48) hours. Medical soft diets shall be reviewed every three (3) weeks. This review shall be done by licensed nursing personnel or a qualified dietitian with recommendations to the attending physician. (B-~~G~~)
  - h) The facility shall have available and in use, two (2) or more copies of a current diet manual recommended by the Department. One (1) copy shall be located in the kitchen for use by dietary personnel; others shall be located at each nurses' station for available use by the physician when prescribing diets. (G-)
- (Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)



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## Section 390.1880(e) (continued)

maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu. ~~(C)~~

- f) Records of all food purchased shall be kept on file for not less than thirty (30) days. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1890 Food Preparation and Service  
EMERGENCY

- a) Food shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. ~~(C)~~
- b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. Foods shall not be mixed for feeding so that residents may develop individual tastes. All solids shall be spoonfed. ~~(B)(6)~~
- c) All residents shall be served in a dining room or multipurpose room in an upright position unless contraindicated by resident's condition. All infants shall be held for each feeding. ~~(B)(6)~~
- d) The method of feeding shall encourage, in each resident, the acquisition of developmentally sequential feeding skills. ~~(B)(6)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.1900 Preparation of Infant Formula  
EMERGENCY

- a) Formula may be prepared by either the facility or by approved outside resources. Approved outside resources are:

- 1) Those infant formula services which are approved to prepare infant formula for sale or distribution by the health department of the state in which the plant is located if the formula is sold interstate; or

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## Section 390.1900(a) (continued)

- 2) If sold only in Illinois, the infant formula service is approved by a local, full-time health department under an ordinance dealing specifically with infant formula preparation to prepare infant formula for sale or distribution.
- b) Facilities electing to utilize approved outside sources, must develop procedures to provide for aseptic preparation of formulas during emergency periods. ~~(B)(6)~~
- c) All facilities which prepare their own formula shall provide suitable facilities and equipment for the preparation of milk or milk substitute feedings and water for infants. ~~(B)(6)~~
- d) Formula preparation facilities must be in a medically clean area. Acceptable locations include a "special" formula room and the dietary department. Other areas may be used if isolated from any source of contamination. ~~(B)(6)~~
- e) If the kitchen is used, formulas must be prepared in such a way that food preparation and serving activities do not interfere. ~~(B)(6)~~
- f) There shall be suitable equipment for cleaning and sterilizing formula bottles, nipples, and utensils for cleaning formula bottles, nipples, and utensils for the preparation of formula. Preparation of formulas must be physically or functionally separated from the cleaning of equipment. ~~(B)(6)~~
- g) The formulas shall be prepared by or under the supervision of a registered nurse or the Director of Food Service. ~~(B)(6)~~
- h) Personnel assigned to formula preparation duties shall not be assigned to other duties until the complete cycle (formula preparation through proper storage) has been completed. Personnel not assigned to formula preparation shall be excluded from the immediate preparation area during the period of time formulas are being prepared, bottled, and capped. ~~(B)(6)~~
- i) In the cleanup process, all bottles, caps and nipples shall be thoroughly washed with a bottle brush or mechanical washing unit. Nipples should be inverted in the cleaning process and rinsed in running water, then boiled for five (5) minutes. ~~(B)(6)~~
- j) A twenty-four (24) hour supply of formula shall be prepared at one time and the formula not used within twenty-four (24) hours after preparation shall be discarded. Formula shall be poured into

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Section 390.1900(j) (continued)

individual bottles, nipples, and properly covered at the time of preparation. (B-~~7~~-G)

k) Bottles and nipples must be washed and sterilized before being returned to the formula preparation room or area. (B-~~7~~-G)

l) Formulas shall be prepared according to one of three (3) techniques: Terminal Heating Methods, Standard Clean Technique Method, or Aseptic Sterilization. (B-~~7~~-G)

m) Adequate refrigeration facilities must be provided for storing formulas. Formulas shall be stored at a temperature of 40°F. (B-~~7~~-G)

n) Periodic bacteriological examination of formula is recommended. ~~(B-7-G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.1920 Kitchen Equipment, Utensils, and Supplies  
EMERGENCY

The kitchen or dietary area shall be adequate to meet the food service needs. It shall have adequate equipment, utensils, and supplies to properly store, prepare, and serve the required number of meals in accordance with the Department's Food Service Sanitation rules (77 Ill. Adm. Code 750), as amended. This shall include at a minimum the following: (B-~~7~~-G)

a) Each kitchen and floor pantry, or sub-kitchen, in each building shall be adequately equipped with steam jacketed kettles (in large facilities), stoves, work tables, refrigerators, ovens, cabinets, etc. New or replacement equipment shall be of satisfactory institutional type based on generally accepted standards. ~~(B-7-G)~~

b) There shall be an adequate supply of food preparation equipment such as pots, pans, spoons, knives, mixers, etc., of the proper type to satisfactorily prepare the meals. ~~(B-7-G)~~

c) There shall be proper equipment for keeping hot food hot and cold foods cold until served to the residents. This equipment may be in the form of heated food carts, insulated food containers, or suitable equivalent. (B-~~7~~-G)

Section 390.1920 (continued)

d) Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in the facility at each meal. ~~(B-7-G)~~

e) Each facility shall provide a sufficient supply of adaptive food service equipment necessary to meet the need of each resident. ~~(B-7-G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2010 Maintenance  
EMERGENCY

Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B-~~7~~-G)

a) Maintain the building in good repair and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken panes; and any other similar hazards. (B-~~7~~-G)

b) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. (A, B-~~7~~-G)

c) Maintain all electrical cords and appliances in a safe and functioning condition. (B-~~7~~-G)

d) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe (painting, washing, etc.). ~~(B-7-G)~~

e) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. ~~(B-7-G)~~

f) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. (B-~~7~~-G)

g) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. ~~(B-7-G)~~



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## Section 390.2010 (continued)

- h) The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not less than sixteen (16) mesh to the inch and repair of any breaks in construction. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.2020 Housekeeping

EMERGENCY

- a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B-~~G~~)

- 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B-~~G~~)
- 2) Keep floors clean and as nonslip as possible, and free from tripping hazards. Throw rugs and/or scatter rugs with nonslip type backings may be utilized if they do not constitute a serious tripping hazard. ~~(G)~~
- 3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. ~~(G)~~
- b) Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment, and other items. (B-~~G~~)
- c) Bathrooms, shower stalls, and/or lavatories shall not be used for laundering, janitorial, or storage purposes. ~~(G)~~
- d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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## Section 390.2030 Laundry Services

EMERGENCY

- a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.
- 1) An adequate supply of clean linen shall be defined as the three (3) sets of sheets, draw sheets, pillow cases, etc. required to provide for the residents' needs. Additional changes of linen may be required in consideration of the time involved for laundering and transporting soiled linens. ~~(G)~~
  - 2) If an in-house laundry service is provided, then the following conditions shall exist:
    - A) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. ~~(G)~~
    - B) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens. ~~(G)~~
    - C) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. ~~(G)~~
    - D) Clean linen shall be protected from contamination during handling, transport and storage. ~~(G)~~
    - E) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel. ~~(G)~~
    - F) The laundry and its accessory storage and handling areas shall not be used as a storage area for supplies not directly connected with the operation of the laundry. ~~(G)~~
  - b) If an outside laundry service is used, it shall comply with the requirements of in-house laundries and, in addition, shall provide for protection of clean linens during transport back to the facility. ~~(G)~~

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## Section 390.2030 (continued)

- c) If the facility provides laundry service for resident's personal clothing, it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.2210 Furnishings

## EMERGENCY

- a) There shall be safely constructed individual bassinets, cribs, or beds in each bedroom. These shall not be painted with a paint containing lead. Beds or cribs with spokes shall have only narrow openings between the spokes. Each bed shall be of adequate size to accommodate the resident. ~~(C)~~
- b) Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress of appropriate size for the bed. ~~(C)~~
- c) Each bedroom exterior window shall have a device to insure privacy and light control. ~~(C)~~
- d) A satisfactory reading lamp, or equivalent, shall be provided for each bed unless contraindicated. ~~(C)~~
- e) Each bed shall be provided with a minimum of one (1) clean, comfortable pillow unless contraindicated. ~~(C)~~ There shall be additional pillows available in the facility to satisfactorily serve the needs of the residents. ~~(C)~~
- f) Each lavatory and each bedroom or adjoining bathroom shall be provided with a mirror when appropriate. ~~(C)~~
- g) Each resident area shall be provided with appropriate furnishings and equipment to meet resident needs. These furnishings shall be well constructed, and of satisfactory design, and be appropriate for the residents. ~~(C)~~
- h) Office spaces, nurses' stations, treatment rooms, and other areas shall be satisfactorily furnished with desks, chairs, lamps, cabinets, benches, work tables, and/or other furnishings essential to the proper use of the area. ~~(C)~~

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## Section 390.2210 (continued)

- i) Each resident shall be provided with an adequate amount of storage space within the resident's bedroom for personal items and clothing. This space shall be easily accessible to the residents when appropriate. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.2220 Equipment and Supplies

## EMERGENCY

- a) The facility shall provide adequate equipment and supplies including at a minimum the following:
- 1) An adequate supply of nursing equipment such as individual thermometers, catheters, dressings, scales, hypodermic needles, syringes, and other equipment for giving medicines, etc., based on the needs of the residents in the facility. ~~(C)~~
  - 2) At least one (1) properly operating suction machine and one (1) emergency type oxygen apparatus on each floor or section of the building housing residents. ~~(B)-(C)~~
  - 3) A sufficient quantity of linen such as sheets, diapers, to blankets, towels, wash cloths, plastic sheeting, etc., to provide each resident with a daily individual supply. ~~(C)~~
  - 4) At least one (1) bedside screen available in the facility for each fifty (50) beds or major fraction thereof, unless cubicle curtains are provided to provide residents' privacy when needed. ~~(C)~~
  - 5) An emergency first-aid kit or emergency box containing bandages sterile gauze dressing, bandage scissors, tape, sling, burn ointment, airways, tourniquet, sterile suture set, antiseptic skin cleaner and other equipment deemed necessary by the advisory physician or the medical advisory committee. ~~(B)-(C)~~
  - 6) Proper clothing to assure cleanliness and warmth for each resident. ~~(B)-(C)~~
  - 7) A sufficient number of play pens provided for residents under one (1) year of age and in addition for those over one (1) year of age, if needed for proper care. These shall be safe for use. ~~(B)-(C)~~



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Section 390.2220(a) (continued)

- 8) Washable toys and other developmental toys and equipment provided. These shall be of safe and sanitary design. ~~(C)~~
- 9) Cleaning equipment and supplies shall be provided as set forth in Subpart J (Maintenance, Housekeeping and Laundry). ~~(C)~~
- 10) All supplies and special equipment including implements or utensils needed for residents. ~~(C)~~
- b) The facility shall initiate the procedures and assist the resident in obtaining special equipment designed for an individual resident's exclusive use. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2230 Sterilization of Supplies and Equipment  
EMERGENCY

- a) Every facility shall have and follow an acceptable plan to provide for sterile equipment and supplies, such as needles, syringes, catheters, and dressings. There shall be an autoclave available for sterilizing this type of equipment and supplies. The autoclave should be located in a central sterilization area, clean utility area, or nurses' station. An autoclave will not be required in a facility when other acceptable arrangements have been made, such as: (A, B, ~~C~~)
- 1) Use of individually wrapped sterile dressings, disposable syringes, needles, catheters, gloves, etc.
- 2) Formal plan with another facility for the autoclaving of equipment and supplies.
- 3) Other alternative methods when approved on an individual basis in writing from the Department based on a written request from the facility giving in detail the method proposed to be used and which method meets acceptable criteria for proper sterilization for these items to be sterilized.
- b) Every facility shall sanitize bed pans, urinals, wash basins, emesis basins, enema equipment, and similar type nursing care utensils as follows:

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Section 390.2230(b) (continued)

- 1) Individual bed pans, urinals, wash basins, and similar equipment shall be sanitized periodically while the resident is in the facility. If individual equipment is not provided, the equipment shall be sanitized after each use. (B)
- 2) Utensils shall be sanitized in a utensil sanitizer. This procedure shall be done in a soiled utility room. (B)
- 3) Sanitization may be approved other than in a utensil sanitizer. Such approval shall be on an individual basis in writing from the Department based on a written request from the facility giving in detail the method proposed to be used and which method meets acceptable criteria for proper sanitization of the items to be sanitized.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2410 Codes  
EMERGENCY

Water supply, sewage disposal and plumbing systems shall comply with all applicable State and local codes and ordinances. (B, ~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2420 Water Supply  
EMERGENCY

- a) Each facility shall be served by water from a municipal public water supply when available. (B, ~~C~~)
- b) When a municipal public water supply is not available, the water supply shall comply with rules for Drinking Water Systems (77 Ill. Adm. Code 900), as amended. (B, ~~C~~)
- c) If water is supplied by a well that is not part of a municipal system, the well shall be constructed and maintained in accordance with the "Illinois Water Well Construction Code" (77 Ill. Adm. Code 920) and "Illinois Water Well Pump Installation Code" (77 Ill. Adm. Code 925). Each facility shall have a written agreement with a water company, dairy, or other water purveyor to provide an emergency

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Section 390.2420(c) (continued)

supply of potable water for drinking and culinary purposes.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2430 Sewage Disposal  
EMERGENCY

- a) All sewage and liquid wastes shall be discharged into a public sewage system when available. (B-~~7~~-G-)
- b) When a public sewage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a private sewage disposal system. The design, construction, maintenance, and operation of the system shall comply with the "Private Sewage Disposal Licensing Act" (Ill. Rev. Stat. 1981, ch. 111 1/2, pars. 116.301 et seq.) and the "Private Sewage Disposal Code" (77 Ill. Adm. Code 905), as amended. (B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2440 Plumbing  
EMERGENCY

Each plumbing system shall comply with the "Illinois Plumbing Code" and the rules promulgated thereunder (77 Ill. Adm. Code 890) effective at the time of construction and/or approved acceptance by the Department. (G-)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2610 Applicability of these Standards  
EMERGENCY

- a) These standards shall apply to all new Long-Term Care Facilities and major alterations and additions to existing Long-Term Care Facilities. (Major alterations are those that are not defined as minor alterations in subsection (f) below herein.) Long-Term Care Facilities contemplating construction shall contact the Health

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Section 390.2610(a) (continued)

Facilities Planning Board for information concerning the current requirements. Projects for which working drawings and specifications have received final approval by the Department prior to the promulgation of these Standards will only be required to meet those Standards that were in effect at the time that the final approval was given.

- b) When construction is contemplated, either for new buildings or additions or major alterations to existing buildings coming within the scope of these standards, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. Such approval will be based upon compliance with Section 390.2630 of this Subpart. Comments or approval will be provided within thirty (30) days of receipt by the Department.
- c) The final working drawings and specifications shall be submitted to the Department for review and approval prior to beginning of construction. For final approval to remain valid, contracts must be signed within one (1) year of the date of final approval. Alternate methods of design development and construction such as fast track shall be acceptable consistent with the Department's policy. Comments of approval will be provided within thirty (30) days of receipt by the Department.
- d) Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. Such approval will be based upon compliance with the requirements in this Subpart. Comments or approval will be provided within thirty (30) days of receipt by the Department.
- e) The Department shall be notified at least thirty (30) days before construction has been completed. The Department will then complete a final inspection. Deficiencies noted during the final inspection must be completed before occupancy will be permitted if required by the Department. (G-)
- f) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board requirements must be met for all



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Section 390.2610(f) (continued)

Section 390.2620(a)(1)(E) (continued)

- alterations and remodeling projects.
- g) No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the Department and have been reviewed and approved. Such approval will be based upon compliance with Subpart L and this Subpart.
- F) Safety Glazing Materials Act (Ill. Rev. Stat. 1983, ch. 111 1/2, pars. 3101 et seq.), 1979

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2620 Codes and Standards

EMERGENCY

- a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of the rules or regulations of any Agency of the United States or of any standards of a nationally recognized organization or association includes no new amendments or editions made after the date specified. (A, B, C)

Code or Standards	Agency
1) State of Illinois Codes and Standards	
A) Ill. Plumbing Code (1983) (77 Ill. Adm. Code 890)	Department of Public Health Environmental Health Protection
B) Accessibility Standards Illustrated (as amended March, 1981) (77 Ill. Adm. Code 400)	Capital Development Board
C) Fire Prevention and Safety 1983 (41 Ill. Adm. Code 100)	Office of State Fire Marshal
D) Food Service Sanitation (1983) (77 Ill. Adm. Code 750)	Department of Public Health Environmental Health Protection
E) Boiler and Pressure Vessel Safety Act (Ill. Rev. Stat. 1983,	Office of State Fire Marshal

Codes or Standards	Agency
A) National Fire Protection Association	National Fire Protection Association
i) NFPA 101 Life Safety Code 1981 Edition (New Health Care Occupancies) and all appropriate references under Appendix B, including but not limited to:	
ii) NFPA 10 - 1978, Standard for Portable Extinguishers	
iii) NFPA 13 - 1980, Standards for the Installation of Sprinkler Systems	
iv) NFPA 56F - 1977, Standard for Non-Flammable Medical Gas Systems	
v) NFPA 70- 1981, National Electric Code	
vi) NFPA 90A - 1978, Standard for the Installation of Air Conditioning and Ventilating Systems	
vii) NFPA 96- 1980, Standard for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment	
viii) NFPA 220 - 1979, Standard Types of Building Construction	
ix) NFPA 253 - 1978, Flooring Radiant Heat Energy Test	
x) NFPA 255 - 1972, Test of Surface Burning Characteristics of Building Materials	

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- B) Underwriters' Laboratory, Inc. (UL)
- i) Fire Resistance Index (date) (All Editions)
  - ii) Building Material Directory (All Editions)
  - iii) Standard No. - 181-1974 Factory Made Air Duct Materials and Air Duct Connectors
- C) American Society for Testing and Materials (ASTM)
- i) Standard No. E-84-1977A, Method of Test for Surface Burning Characteristics of Building Materials (Same as NFPA 255)
  - ii) Standard No. E90-1975, Recommended Practice for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions
- D) American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE)
- i) Handbook of Fundamentals, 1977
  - ii) Standard No. 52-76 Methods of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matters
- E) Uniform Building Code (1982 Edition)
- F) Standard No. A117.1-1971 American Standards Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped
- G) Standard No. A17.1-1971 American National Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Stairs
- American National Standards Institute

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Section 390.2620(a)(2) (continued)

- H) Pamphlet P-2.1-1967 Standard for Medical-Surgical Vacuum Systems in Hospitals
- I) Public Health Service Publication No. 934 Food Service Manual
- J) HUD FT/TS-24 A Guide to Air Borne, Impact and Structure Borne Noise-Control in Multi-Family Dwellings
- Superintendent of Documents  
U.S. Government Printing  
Sanitation Office
- Superintendent of Documents  
U.S. Government Printing  
Office
- b) In addition to compliance with the Standards set forth herein, all building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions in which the facility is, or will be, located must be observed. (A, B, ~~C~~)
- c) Where no local building code exists, the recommendations of the 1976 Edition of the Uniform Building Code shall apply. ~~(C)~~
- d) The local building code or the recommendations of the 1982 Edition of the Uniform Building Code shall apply insofar as such recommendations are not in conflict with these standards set forth in this Part, or with the National Fire Protection Association Code 101, Life Safety Code, 1981. ~~(C)~~
- e) The Fire Safety Evaluation System for Health Occupancies (Appendix C) of the 1981 edition of the Life Safety Code (NFPA 101) shall be used by the Department in determining whether any facility's proposed equivalent system is safe and does not constitute a hazard to the life and safety of the staff and residents. In making its determination regarding the proposed equivalent system, the Department shall consider those factors listed in Appendix C.
- f) Pursuant to the Medicare/Medicaid certification requirements of 42 CFR 405.1134(a) (1983) and 42 CFR 442.321(c) (1983), any skilled nursing facility that on December 4, 1980 or on November 26, 1982, or any intermediate care facility that on November 26, 1982 complied with the requirements of the 1967 or 1973 edition of the Life Safety Code will be considered to be in compliance with Section 390.2620(a)(2)(A)(i), as long as the facility continues to remain in compliance with that edition of the Code.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)



Section 390.2630 Preparation of Drawings and Specifications

- a) The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois: ~~-(C)-~~
- b) The first submission shall be the design development drawings indicating in detail the assignment of all spaces, size or areas and rooms, and indicating in outline, the fixed and movable equipment and furniture, and the outline specifications.
- c) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design.
- d) The drawings shall include:
  - 1) a plan of each floor including the basement or ground floor,
  - 2) roof plan,
  - 3) plot plan showing roads, parking areas, sidewalks, etc.,
  - 4) elevations of all facades,
  - 5) sections through the building,
  - 6) identification of all fire and smoke compartmentation.

- e) Outline specifications shall provide a general description of the construction including finishes; acoustical material, floor covering; heating and ventilating systems; description of the electrical system including the emergency electrical system and the type of elevators.
- f) The total gross floor area and bed count shall be shown on the drawings.

- g) A brief narrative of the proposed program shall be submitted with the preliminary drawings and outline specifications.

- h) Following approval of the design development drawings and the outline specifications, working drawings and specifications shall be submitted. All working drawings shall be well prepared and clean and distinct prints shall be submitted. Drawings shall be accurately dimensioned and include all necessary explanatory notes, schedules and legends. Working drawings shall be complete and adequate for construction purposes. Drawings shall be prepared for each of the

Section 390.2630(h) (continued)

following branches of work: Architectural, Structural, Mechanical, Electrical and Plumbing.

- 1) The architectural drawings shall show:

- A) Site plan showing all topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be landscaped. All structures which are to be removed under the construction contract shall be shown.
- B) Plan of each floor and roof. ~~-(C)-~~
- C) Elevation of each facade. ~~-(C)-~~
- D) Sections through building. ~~-(C)-~~
- E) Elevators and dumbwaiters drawings delineating shaft details and dimensions, sizes of cab platforms and doors, travel distances including elevation height of landings, pit sizes, and machine rooms. ~~-(C)-~~
- F) Kitchen, laundry, clean and soiled utility room, special care areas, and similar areas detailed at a scale to show the locations, type, size and connection of all fixed and movable equipment.
- G) Scale details as necessary at a scale sufficiently large to properly indicate details of the work.

- H) Schedule of finishes.

- 2) The structural drawings shall show:

- A) Plans of foundations, floors, roofs and all intermediate levels shall show the complete design with sizes, sections, and the relative location of the various members including:
- B) Schedule of beams, girders and columns.
- C) Notes on design data including the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing pressures.

## Section 390.2630(h)(2) (continued)

- D) Details of special connections, openings, pipe sleeves and expansion joints.
- E) Special structures shall include calculations defining load assumption, shear and moment diagrams and horizontal and vertical reactions.
- 3) Mechanical drawings with specifications shall show the complete heating, cooling and ventilation systems; plumbing, drainage, stand pipe, and sprinkler systems.
  - A) Heating, Cooling and Ventilation.
    - i) Pumps, tanks, boilers and piping and boiler room accessories.
    - ii) Air conditioning systems with required equipment, water and refrigerant piping, and ducts.
    - iii) Supply and exhaust ventilating systems with connections and piping.
    - iv) Air quantities for all rooms including supply and exhaust ventilating duct openings.
  - B) Plumbing, Drainage and Stand Pipe Systems.
    - i) Size and elevation of: street sewer, house sewer, house drains, street water main and water service into the building.
    - ii) Location and size of soil, waste, and vent stacks with connections to house drains, cleanouts, fixtures and equipment.
    - iii) Size and location of hot, cold and circulating mains, branches, and risers from the service entrance, and tanks.
    - iv) Riser diagram of all plumbing stacks with vents, water risers and fixture connections.
    - v) Gas, oxygen and similar piped systems.
    - vi) Stand pipe and sprinkler systems.

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## Section 390.2630(h)(3)(B) (continued)

- vii) All fixtures and equipment that require water and drain connections.
- 4) Electrical drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.
  - A) Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections.
  - B) Location of main switchboard, power panels, light panels and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches.
  - C) Light outlets, receptacles, switches, power outlets, and circuits.
  - D) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the telephone company. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the telephone company.
  - E) Nurses' call systems with outlets for beds and cribs, duty stations, corridor signal lights, annunciators and wiring diagrams.
  - F) Fire alarm system with stations, signal devices, control board and wiring diagrams.
  - G) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits.
  - H) All other electrically operated systems and equipment.
- 5) When the project is an addition, details and information on the existing building shall be provided as follows:
  - A) Type of activities within the existing building and distribution of existing beds, etc.
  - B) Type of construction of existing building and number of stories in height.



## Section 390.2630(h)(5) (continued)

- C) Plans and details showing attachment of new construction to the existing structure.
- D) Mechanical, Electrical and Plumbing systems showing connections to the existing system.
- E) The Department may require submission of drawings of all or any part of the existing structure, depending upon the extent of the modification.
- 6) Specifications shall supplement the drawings and shall: Describe, except where fully indicated and described on the drawings, the materials, workmanship, kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles and devices.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2640 Site  
EMERGENCY

- a) The facility shall be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding. ~~-(C)-~~
- b) The facility shall be located so that the building or buildings can comply with all applicable local zoning ordinances, building restrictions and fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, or safety of the residents in the facility. These additional requirements shall include, but are not limited to, fences, stairs, and other types of barriers to prevent injury to residents. ~~-(C)-~~
- c) The facility shall be located in or near a community which can provide the necessary supportive services for the facility such as physician's services, social services, transportation, recreation, religious services, work, medical facilities, public utilities, or other acceptable substitutes; and be located on a well-maintained, all-weather road. In those instances where the community does not

## Section 390.2640(c) (continued)

- provide these services, the facility shall do so.
  - d) The facility shall be served by a potable water supply with water pressure and volume that is acceptable to the Department. (B-~~C~~-)
  - e) The distance from the fire station, the accessibility of the facility, and capability of the fire department must be approved in writing by the Office of the State Fire Marshal. (B-~~C~~-)
  - f) The facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. Evaluation and written approval must be obtained from the Office of the State Fire Marshal. (B-~~C~~-)
  - g) Plans showing the proposed building location must be submitted to the Illinois Department of Transportation, Division of Water Resources to determine compliance with the "Regulation of Construction within Flood Plains" (92 Ill. Adm. Code 706) and Executive Order 79-4. ~~-(C)-~~
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2650 Administration and Public Areas  
EMERGENCY

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas. ~~-(C)-~~
- b) Lobby shall include a reception and information counter or desk, waiting space(s), and public telephones. See Illinois Plumbing Code for drinking fountains(s) and toilet facilities requirements for staff and visitors. ~~-(C)-~~
- c) General or Individual Office(s) shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Director of Nursing, Food Service Supervisor, Activity Director, Social Service Director, etc.), and Professional Consultants (Medical Director,

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## Section 390.2650(c) (continued)

## Section 390.2660(b) (continued)

Pharmacist, Dietitian, Social Worker, etc.) ~~(G)~~

- d) Multipurpose room(s) shall be provided for conferences, meetings, interviews, and educational purposes. ~~(G)~~
- e) Provide adequate space for recording, reviewing and storing resident records. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.2660 Nursing Unit

EMERGENCY

- a) The number of resident beds, cribs or bassinets in a nursing unit shall not exceed seventy-five (75). ~~(G)~~
- b) General Requirements for Bedrooms
  - 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room. ~~(G)~~
  - 2) Provide a closet or wardrobe of at least four (4) square feet for each resident. ~~(G)~~
  - 3) Resident bedroom floors shall be at or above grade level. ~~(G)~~
  - 4) Each room used as a resident bedroom shall have at least one (1) outside window, with a total window area equal to one-tenth (1/10) the floor area of the room. ~~(G)~~
  - 5) There shall be separate bedrooms for males and females over six (6) years of age unless the interdisciplinary team determines that separation is not necessary due to the functional level of individual residents. ~~(G)~~
  - 6) A handwashing lavatory shall be provided in each bedroom.
  - 7) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 390.2740(d)(2). ~~(G)~~
  - 8) Receptacles shall be provided in accordance with Section 390.2740(e). ~~(G)~~

- 9) Nurses' call system shall be provided in accordance with Section 390.2740(g). ~~(G)~~
- 10) Visual privacy shall be provided for each resident in multibed rooms in accordance with Section 390.2220(a)(4). Location of screen or curtain shall not restrict resident access to bathing/toilet or lavatory. ~~(G)~~
- 11) Residents shall have access to a bathing/toilet room without entering the general corridor area. ~~(G)~~
- 12) No resident bedroom shall be located more than one hundred twenty (120) feet from the nurses' station, clean utility room, and soiled utility room. ~~(G)~~
- 13) Vision panels shall be provided in corridor walls or room doors of each bedroom.

## c) Resident Bedrooms

- 1) Each single bedroom used for a resident shall have at least one hundred (100) square feet of usable net floor area, not including any space taken up for closets, wardrobes, bathrooms, and clearly definable entryway areas. ~~(G)~~
- 2) Each multiple bedroom for residents shall have the following floor areas, exclusive of closets, wardrobes, bathrooms, and clearly defined entryways:
  - A) Eighty (80) square feet per bed. Size: 38"-40" x 75"-84". No more than 4 beds per room.
  - B) Seventy (70) square feet per small bed. Size: 37" to less than 38" x 61" to less than 75". No more than 4 beds per room.
  - C) Sixty-five (65) square feet per large crib. Size 30" to less than 37" x 56" to less than 61".
  - D) Fifty-five (55) square feet per medium crib. Size: 27" to less than 30" x 43" to less than 56".
  - E) Fifty (50) square feet per small crib. Size: 19" to less than 27 x 35" to less than 43".



## Section 390.2660(c)(2) (continued)

- F) Thirty (30) square feet per bassinets. Size: Smaller than 19" x 35". All sleeping accommodations shall be adequate in size to allow for the resident's comfort.
- 3) Multiple resident bedrooms shall not have more than four (4) beds of any size located not more than three (3) deep from the outside wall.
- 4) Any combination of beds, cribs and/or bassinets (of any size) may be placed in the same bedroom when appropriate to the functional levels of the residents. However, no bedroom shall contain more beds, cribs, and/or bassinets (of any size) than can be contained in three hundred ninety (390) square feet of floorspace, except that no more than four (4) beds of any size can be contained in one room and such rooms shall not contain any cribs or bassinets of any size. In addition, the number of residents in a bedroom shall not exceed eight (8).
- 5) Provide a minimum clearance of three (3) feet at the foot and one side of all sleeping accommodations. Clearance is not required when accommodation is not occupied, however, an exit path must always be maintained in accordance with the requirements of the National Fire Protection Association's Standard No. 101: Life Safety Code. ~~-(G)-~~
- 6) The minimum dimension of bedrooms shall be ten (10) feet between walls or a wall and any built-in furniture or storage space.
- d) Special Care Room
- 1) Provide one (1) special care room for each nursing unit, complying with bedroom requirements in subsections (b) and (c) above.
- 2) Provide one (1) workroom with observation windows adjacent to special care room. Space within this room or in separate rooms shall be designed to include all or part of the following functions:
- A) Hygienic care including bathing, complying with this Section.
- B) Separated soiled area with hampers for soiled linen, diapers and disposables. Provide this area with a double compartment sink with integral drainboard and clinical rim flush sink.

## Section 390.2660(d)(2) (continued)

- C) Separated clean area with storage cabinets work counter, refrigerator, formula storage-dispensing and clean linen storage.
- D) Gowning for staff.
- 3) When more than one resident is housed in this room, it may only be used to isolate residents with the same communicable disease.
- 4) This room shall be located to allow direct appropriate visual supervision from the nurses' station. ~~-(G)-~~
- 5) This room may be included in the authorized maximum bed capacity for the facility.
- 6) It is permissible for the room to be occupied by residents not in need of special care, provided the resident is clearly informed and understands he/she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. ~~-(G)-~~
- e) Nurses' Station ~~(B)-(G)-~~
- 1) Provide a minimum of one (1) nursing station for each nursing unit. The station shall have direct access to a corridor, shall be located near the area it will serve, and shall be designed to provide visual control of the area. It shall be separated satisfactorily from the nurses' utility rooms.
- 2) One or more nursing units may be combined with a central nursing station if sufficient space is provided for all nursing functions.
- 3) A toilet room shall be provided near each station for nursing staff. A lounge with lockers for safekeeping of coats and personal effects shall be provided either within this space or in a convenient central location.
- f) Bathing and Toilet Rooms
- 1) The bathing/toilet room adjacent to resident room shall serve no more than two (2) resident rooms nor more than sixteen (16) beds, cribs or bassinets. ~~-(G)-~~
- 2) Fixtures shall be provided as follows:

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## Section 390.2660(f)(2) (continued)

- A) Lavatories: One (1) per eight (8).
- B) Clinical rim flush sink and/or water closet for residents capable of using them: One (1) per eight (8).
- C) Bathing or shower fixtures: One (1) per ten (10).
- 3) The lavatory may be omitted from the bathing/toilet room when installed in the resident room.
- 4) Provide a minimum of one (1) bathtub for assisted bathing per nursing unit. There shall be a clear area at least three (3) feet wide on one long side. ~~(C)~~
- 5) Provide a minimum of one (1) shower stall for assisted showering per nursing unit. The shower stall shall be at least four (4) feet square with no curb. ~~(C)~~
- 6) Other acceptable fixtures for bathing the residents may be provided with Department approval.
- 7) All plumbing fixtures shall be designed and installed to satisfactorily serve the residents using them. ~~(C)~~
- 8) There shall be separate toilet and bathing areas on each floor for males and females over six (6) years of age unless the interdisciplinary team determines that separation is not necessary due to the functional level of individual residents.
- 9) Provide one (1) wheelchair toilet room for residents residing in nursing unit. This room shall be accessible from the corridor and shall contain a water closet and lavatory. ~~(C)~~
- 10) Wheelchair resident toilet room(s) are not required when all resident toilet rooms can accommodate wheelchair residents. ~~(C)~~
- 11) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy. ~~(C)~~
- g) Utility Rooms
- 1) Clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room

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## Section 390.2660(g)(1) (continued)

- shall contain work counters, single or double compartment sink with integral drainboard, storage cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.) ~~(C)~~
- 2) Clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove. ~~(C)~~
- 3) Soiled utility room shall have direct access to a corridor. This room shall contain work counters, double compartment sink with integral drainboard, storage cabinets with shelves, a clinical rim flush sink, and sanitizer (See Section 390.2730). ~~(C)~~
- 4) The charging room for a linen chute shall be large enough to unload the collecting cart with the corridor door closed. ~~(C)~~
- h) Medicine station shall be provided for convenient and prompt twenty-four (24) hour distribution of medicine to residents.
- 1) The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. Provision for handwashing and medication purposes shall be provided in medication preparation room. ~~(C)~~
- 2) If medicine dispensing carts are used, a specific space shall be provided which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. Provision for handwashing and medication purposes shall be provided in the nurses' station. ~~(C)~~
- i) Nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. ~~(C)~~
- 1) Commercially prepared formulas can be stored and dispensed from this room or from the special care workroom.
- 2) Ice for residents' use shall be provided only by icemaker dispenser unit.
- 3) There shall be a separate room or area for bottle and nipple washing and cleaning, equipped as necessary to carry out proper



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## Section 390.2660(i)(3) (continued)

## technique.

j) Room for examination and treatment of residents shall be provided and shall have a minimum floor area of one hundred (100) square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet (10'-0"). The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and as desk, counter, or shelf space for writing. When this room is not being used for examination or treatment, it may be used for other functions (office, etc.) ~~-(G)-~~.

k) Equipment storage room(s) shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, wheelchairs and etc. ~~-(G)-~~

l) Parking space for wheelchairs shall be provided and located out of path of normal traffic. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2670 Dining, Play, Activity/Program Room(s)  
EMERGENCY

## a) General

1) The combined area of these rooms shall not be less than forty (40) square feet per resident bed and/or crib. ~~-(G)-~~

2) The activity/program room(s) may be combined with the play room(s) and/or dining room.

3) Locate these rooms so that they are not an entrance vestibule from the outside.

4) Playing and feeding functions, if suitable and consistent with the programs, may occur in bedrooms. However, dining rooms, playrooms, and activity rooms may not be used for resident bedrooms. ~~-(G)-~~

## b) Dining

1) Provide a minimum of one (1) dining room with at least ten (10)

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## Section 390.2670(b)(1) (continued)

square feet per resident bed, crib and bassinets. This area may be reduced to allow for individual feeding.

2) Additional space shall be provided on resident sleeping floors for individual feeding or residents when required due to the functional level of the individual resident as determined by the interdisciplinary team.

## c) Play

1) Provide a minimum of one (1) furnished playroom on each floor in multiple story buildings. ~~-(G)-~~

2) This room shall have adequate space to permit children to run. ~~-(G)-~~

3) Each playroom shall have at least one (1) outside window with a total window area equal to one-tenth (1/10) the floor area of the room. ~~-(G)-~~

4) There shall be satisfactory outdoor play area and equipment to meet the needs of all residents who can be taken outdoors.

d) Activity/Program Provide activity/program room and educational rooms based on program requirements. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2680 Therapy and Personal Care  
EMERGENCY

a) Physical and occupational therapy facilities shall be provided as may be required by Subpart E, Section 390.1060. The area necessary to provide these services may be part of the forty (40) square feet in Section 390.2670(a). ~~-(G)-~~

b) Space shall be provided with appropriate equipment for hair care and grooming needs of the residents. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

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Section 390.2690 Service Departments  
EMERGENCY

- a) Dietary facilities shall comply with the standards specified in the State of Illinois Food Service Sanitation and the Food Service Sanitation Manual, Public Health Service No. 934. Food service facilities shall be designed and equipped to meet the requirements of the Narrative Program. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two. (B-~~7-6~~)
- b) The kitchen, consisting of food preparation, cooking and serving areas, shall be approximately ten (10) square feet per resident bed, crib or bassinets with a minimum area of at least two hundred (200) square feet. It shall be properly located for efficient food service, and be large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. (B-~~7-6~~)
- c) The following facilities shall be provided as required to implement the type of food service selected:
  - 1) A control station shall be provided for receiving food supplies. ~~(C)~~
  - 2) Storage space shall be adequate to provide normal and emergency supply needs, approximately two and one half (2 1/2) square feet per resident bed, crib or bassinets for bulk and daily food storage, located in a room convenient to the kitchen. ~~(C)~~
  - 3) Food Preparation Facilities. Conventional food preparation systems require space and equipment for preparing, cooking, and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service require space and equipment for thawing, portioning, heating, cooking, or baking. ~~(C)~~
  - 4) Handwashing facility(ies) shall be located in the food preparation area. ~~(C)~~
  - 5) Residents' meal service facilities shall be provided as required for tray assembly and distribution. ~~(C)~~
  - 6) Warewashing space shall be located in a room or an alcove separate from food preparation and serving areas. Commercial type dishwashing equipment shall be provided. Space shall also

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## Section 390.2690(c)(6) (continued)

- be provided for receiving, scraping, sorting, stacking and loading soiled tableware and for transferring clean tableware to the using areas. A handwashing lavatory shall be provided. (B-~~7-6~~)
- 7) Potwashing facilities shall be located conveniently for washing and sanitizing cooking utensils. (B-~~7-6~~)
  - 8) Storage areas shall be provided for cans, carts, and mobile tray conveyors. ~~(C)~~
  - 9) Waste storage facilities shall be located in a separate room easily accessible to the outside for direct pickup or disposal. ~~(C)~~
  - 10) Office(s) or desk spaces shall be provided for dietitian(s) and/or the dietary service manager. ~~(C)~~
  - 11) Toilet(s) with lavatory shall be accessible to the dietary staff. ~~(C)~~
  - 12) A janitors' closet for the exclusive use of the food preparation areas shall be located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. ~~(C)~~
  - 13) Self-dispensing icemaking facilities shall be provided. ~~(C)~~
  - 14) Provide adequate can, cart and mobile tray washing facilities as required. ~~(C)~~
  - d) Infant Formula Facilities
    - 1) On-site Formula Preparation
      - A) Clean-up facilities for washing and sterilizing supplies. These shall consist of a lavatory or sink equipped for handwashing, a bottle washer, work counter space, and an equipment sterilizer.
      - B) If required by the program, provide a separate room for preparing infant formula. It shall contain a lavatory or sink equipped for handwashing, refrigerator, work counter, formula sterilizer, and storage facilities. It may be located near the nurseries or at another appropriate place



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## Section 390.2690(d)(1)(B) (continued)

within the facility.

- 2) Commercially prepared formula. If a commercial infant formula is used, the storage and handling may be done in room which has a work counter, a sink equipped for handwashing, and storage facilities.

## e) Laundry

- 1) Provide a laundry room with commercial type equipment designed to meet the needs of the facility unless a commercial laundry service is used. ~~(C)~~
- 2) The laundry facilities shall be designed to provide for the processing of linens from soiled linen receiving/sorting through washing, through drying, through clean linen inspection, folding and storage, maintaining a separation between soiled and clean functions. ~~(C)~~
- 3) Provide for the storage of laundry supplies and carts. ~~(C)~~
- 4) If washers and dryers are provided for personal use of residents, they shall be located in a room separate from the facility's laundry room(s). ~~(C)~~

## f) Housekeeping and Storage

- 1) Sufficient janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space(s) for large housekeeping equipment and for back-up supplies may be centrally located. ~~(C)~~
- 2) Provide a total area of approximately ten (10) square feet per resident bed, crib or bassinets for the storage areas designated in this service department. This does not include closets or wardrobes in residents' rooms. Separate storage space with provisions for locking and security control shall be provided for residents' personal effects which are not kept in residents' bedroom. ~~(C)~~

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## Section 390.2690(f) (continued)

- 3) Provide storage rooms for maintenance supplies, yard equipment, etc. ~~(C)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2700 Building General  
EMERGENCY

## a) Elevators

- 1) Have a minimum of one (1) elevator in all buildings of two (2) or more stories in height. The lowest level shall be considered as one (1) story if it is used by residents. ~~(B)-(C)~~
- 2) If sixty (60) to two hundred (200) beds, cribs or bassinets are located above the first floor, at least one (1) additional elevator shall be provided. ~~(C)~~
- 3) For facilities with more than two hundred (200) beds, cribs or bassinets, the number of elevators shall be determined from a study of the use requirements and the estimated vertical transportation requirements.
- 4) A minimum of one (1) car shall be of institutional type having inside dimensions that will accommodate a stretcher and attendants and shall be at least five feet (5'-0") by seven feet, six inches (7'-6"). The car door shall have a clear opening of not less than three feet, eight inches (3'-8"). ~~(C)~~
- 5) Elevators shall be equipped with an automatic leveling device c the two-way automatic maintaining type. ~~(C)~~
- 6) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped. Refer to State of Illinois Accessibility Standards Illustrated (77 Ill. Adm. Code 400).
- 7) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke. (B)
- 8) Elevators, except freight elevators, shall be equipped with a two-way special service key operated switch to permit cars to

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## Section 390.2700(a)(8) (continued)

bypass all landing button calls and be dispatched directly to any floor. ~~(B-6)~~

- 9) Fireman's emergency operations shall be furnished in accordance with American National Standards Institute Standard A17.1 Elevator Safety Code. (B)
- 10) Inspections and tests shall be made and written certification be furnished that the installation meets the requirements set forth in this Section and all applicable safety regulations and codes. (B)

## b) Handrails and Grab Bars

- 1) Handrails shall be provided on both sides of all corridors and ramps used by residents. ~~(B-6)~~
- 2) Handrails shall be provided on all walls of elevator cab. ~~(B-6)~~
- 3) Handrails on stairs used by residents shall be provided on both sides of the stairs including the platforms and landings. (B)
- 4) Handrail and grab bar dimensions and details shall conform to the Capital Development Board rules entitled Accessibility Standards Illustrated (71 Ill. Adm. Code 400). ~~(B-6)~~
- 5) Grab bars shall be provided for all resident toilets, showers, tubs, etc. ~~(B-6)~~
- 6) The ends of handrails and grab bars shall return to the wall. ~~(B-6)~~
- 7) Handrails and grab bars shall be installed at a height to meet the special needs of the residents of each facility. ~~(B-6)~~

## c) Ceiling Heights

- 1) All rooms occupied or used by residents shall have ceilings not less than eight (8) feet. ~~(6)~~
- 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have ceilings not less than seven (7) feet, eight (8) inches. ~~(6)~~

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## Section 390.2700(c) (continued)

- 3) Suspended tracks, rails and pipes located in the path of traffic shall be no less than six (6) feet eight (8) inches above the floor. ~~(6)~~
  - 4) Boiler room shall have ceiling clearances not less than two (2) feet six (6) inches above the main boiler header and connecting piping. ~~(6)~~
- d) Doors and Windows
- 1) Main entrance and all exit doors shall swing outward and be provided with door closers and panic hardware. ~~(B-6)~~
  - 2) Door Alarm Systems. See Section 390.2740(f)(1).
  - 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and keys are carried by the staff at all times. ~~(B-6)~~
  - 4) The doors for the toilet rooms used by residents shall have a minimum door width of three (3) feet. ~~(B-6)~~
  - 5) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress to the room. ~~(B-6)~~
  - 6) Doors and windows shall fit snugly and be weather tight, yet open and close easily. ~~(6)~~
  - 7) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, sixteen (16) mesh screens. Screen doors shall be equipped with self-closing devices. ~~(6)~~
  - 8) All doors to resident's sleeping rooms shall be provided with automatic closers actuated by smoke detectors in the resident room. The doors shall normally be free swinging in the open and close directions, and be designed so they will remain in any position except when they are actuated by the detector. They shall then close gently and shall latch when closed. When so



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## Section 390.2700(d)(8) (continued)

actuated they shall automatically close again if opened manually. Each door shall be equipped with a light mounted on the wall adjacent to the door. The light shall illuminate if the door has been closed as a result of the actuation of the controlling smoke detector. Each door closer will be activated only when its own detector annunciates a fire. In addition, a centrally located monitor shall contain signals which identify the resident room in which the smoke detector has signaled the alarm. The system shall be wired into the fire alarm system. (B-~~7~~-G)

## e) Floors

1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. Floors shall be covered wall to wall with water resistant material in wet areas including but not limited to bathrooms, kitchens, utility rooms. (B-~~7~~-G)

2) Thresholds and expansion joints shall be flush with the floor to facilitate use of wheelchairs and carts. ~~(G)~~

f) Mirrors shall be installed above all lavatories except handwashing lavatories in food preparation areas, clean and sterile supply areas and nurses' handwashing sink. ~~(G)~~

g) Provide paper towel dispensers and waste receptacles at all staff used lavatories. ~~(G)~~

h) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundry rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10°F above the ambient room temperature. ~~(G)~~

## 1) Sound Transmission Limitation

1) Recreation rooms and exercise rooms, and similar spaces where impact noises may be generated, shall not be located directly over resident bed areas unless special provisions are made to minimize such noise. ~~(G)~~

2) Sound transmission limitations shown in Table C shall apply to partitions, floors, and ceiling construction in resident areas. ~~(G)~~

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## Section 390.2700 (continued)

## j) Hazardous Areas, Fire Extinguishers and Miscellaneous

1) Interior finish flame spread ratings shall be in accordance with the National Fire Protection Association, Life Safety Code Standard 101, Standards for Flame Spread and Smoke Emission Ratings. (B)

2) There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens, laundry rooms and beauty shops. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B-~~7~~-G)

3) Approved containers with proper covers shall be provided for daily storage of rubbish. (B-~~7~~-G)

4) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B-~~7~~-G)

5) The facility shall comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around building, including its location, indicate that such additional protection is needed. (B-~~7~~-G)

k) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. (A, B-~~7~~-G)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2710 Structural  
EMERGENCY

## a) Design Data - General

1) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without

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## Section 390.2710(a)(1) (continued)

exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice. (~~B-1-G~~)

- 2) Special provision shall be made for loads which have a greater load than the specified minimum live load, including partitions which are subject to change of location. (~~B-1-G~~)

- b) Construction shall be in accordance with the requirements of National Fire Protection Association Standard 101, Life Safety Code, and the minimum requirements contained herein. (~~A, B-1-G~~)

- 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one (1) foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. It is recommended that soil test borings be taken to establish proper soil-bearing values for the soil at the building site. (~~G~~)

- 2) Assumed live loads shall be in accordance with the International Conference Building Officials Uniform Building Code. (~~G~~)

- 3) The fire resistance rating of the structural members shall be as established by National Fire Protection Association Standard 220 (Standard Types of Building Construction). (~~G~~)

- c) Provisions for Natural Disasters (~~B-1-G~~)

- 1) Earthquakes: In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the International Conference Building Officials Uniform Building Code. (~~B-1-G~~)

- 2) Tornadoes and Floods: Special provisions shall be made in the design of buildings, including structural design, in regions where local experience shows loss of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (~~B-1-G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

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## Section 390.2720 Mechanical Systems

EMERGENCY

## a) General

- 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of these standards. (~~G~~)
- 2) Upon the completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating and preventative maintenance instructions, parts list with numbers and descriptions for each piece of equipment and a copy of the air-balance report. A complete set of these documents shall be kept on the premises. (~~G~~)
- 3) The owner shall be provided with instructions in the operational use of the systems and equipment as required. (~~G~~)
- b) Thermal and Acoustical Insulation
  - 1) Insulation shall be provided for the following:
    - 2) Boilers, smoke breeching, and stacks. (~~G~~)
    - 3) Steam supply and condensate return piping. (~~B-1-G~~)
    - 4) Hot water piping above 180°F and all hot water heaters, generators, and converters. (~~G~~)
    - 5) Hot water piping above 125 °F which is exposed to contact by residents. (~~B~~)
    - 6) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point. (~~G~~)
    - 7) Water supply and drainage piping on which condensate may occur. (~~G~~)
    - 8) Air ducts and casings with outside surface temperatures below ambient dew point. (~~G~~)
    - 9) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system. (~~G~~)
    - 10) Insulation may be omitted from hot water and steam condensate



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## Section 390.2720(b)(10) (continued)

piping not subject to contact by residents when such insulation is not necessary for preventing excessive system heat loss or excessive heat gain. ~~(C)~~

- 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of one hundred fifty (150) or less as determined by an independent testing laboratory in accordance with American Society Testing Materials Standard E84. ~~(B)-(C)~~ Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building, or do not penetrate a wall or roof or do not create an exposure hazard.

- 12) Access for filter changing shall be provided within equipment rooms. ~~(C)~~

## c) Steam and Hot Water Systems

Supply and return mains and risers for cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends. ~~(C)~~

## d) Heating, Cooling, and Ventilating Systems

- 1) A design temperature of 75°F for both summer and winter design conditions shall be provided for all resident use areas including corridors. ~~(C)~~
- 2) All ventilation supply, return and exhaust systems shall be mechanically operated. ~~(C)~~
- 3) Outdoor air intakes shall be located as far as practical but not less than fifteen (15) feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six (6) feet above ground level, or if installed above the roof, three (3) feet above roof level.
- 4) The ventilation systems shall be designed and balanced to provide the pressure relationships and ventilation rates as shown in Table D. ~~(B)-(C)~~

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## Section 390.2720(d) (continued)

- 5) A manometer shall be installed across each filter bed serving central air systems. ~~(C)~~
- 6) Air conditioning and ventilation systems shall be designed, installed and maintained as required by National Fire Protection Association Standard 90A. ~~(A, B)-(C)~~
- 7) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with National Fire Protection Association Standard 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratories. ~~(A, B)-(C)~~
- 8) The ventilation of the medical gas storage room(s) shall conform to the requirements of National Fire Protection Association Standard 56A "Inhalation Anesthetics" including the gravity option system. ~~(B)-(C)~~
- 9) Boiler rooms and other rooms having combustion equipment shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures to 97°F. Effective Temperature as defined by American Society Heating Refrigeration Engineers Handbook of Fundamentals. ~~(A, B)-(C)~~
- 10) Rooms containing heat producing equipment, such as boiler rooms heater rooms, food preparation centers, laundries, and sterilizer rooms shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10°F above the ambient temperature.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24 1988, for a maximum of 150 days)

Section 390.2730 Plumbing Systems  
EMERGENCY

## a) General

All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of resident required water closets lavatories, bathtubs, showers, and other fixtures shall be as

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## Section 390.2730(a) (continued)

required by the standards and the facility program. (B-~~G~~)

## b) Plumbing Fixtures

- 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials.
  - 2) The water supply spout for lavatories and sinks required for filling pitchers for nursing staff and food handlers, handwashing, shall be mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. (B-~~G~~)
  - 3) Handwashing lavatories used by nursing staff and food handlers, shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, the blade handles shall not exceed four and one half (4 1/2) inches in length, except the handles on clinical sinks shall not be less than six (6) inches in length. ~~(G)~~
  - 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. ~~(G)~~
  - 5) The potwashing sink shall be a three (3) compartment sink with one compartment at least fourteen (14) inches deep. ~~(G)~~
  - 6) Shower bases and tub bottoms shall be provided with nonslip surfaces. (B-~~G~~)
- c) Water Supply Systems
- 1) Water supply systems shall be designed to supply water at sufficient pressure and volume to operate all fixtures and equipment during maximum demand periods. ~~(G)~~
  - 2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture. ~~(G)~~
  - 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers. ~~(G)~~
  - 4) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B-~~G~~)

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## Section 390.2730(c) (continued)

- 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B-~~G~~)
  - 6) A thermostatically controlled mixing valve shall be provided on each hot water system serving resident areas to insure that the water temperature does not exceed 110 degrees F. (A, B-~~G~~)
- d) Hot Water Heaters and Tanks
- 1) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas:
- |                                    |                                     |                      |                         |
|------------------------------------|-------------------------------------|----------------------|-------------------------|
| gallons/hour/bed<br>Temperature °F | Resident<br>Service<br>6 1/2<br>110 | Dietary<br>4<br>140* | Laundry<br>4 1/2<br>180 |
|------------------------------------|-------------------------------------|----------------------|-------------------------|
- \*180°F water required at dishwasher and pot and pan sink.  
Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment. ~~(G)~~
- 2) Water storage tanks shall be fabricated of corrosion resistant metal or lined with noncorrosive material. ~~(G)~~
- e) Drainage Systems
- Insofar as possible drainage piping shall not be installed above the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems. (B-~~G~~)
- f) Nonflammable Gas System
- Nonflammable medical gas systems if installed shall be in accordance with the requirements of National Fire Protection Association Standards 56A and 56F. (B-~~G~~)
- g) Clinical Vacuum (Suction) Systems
- Clinical vacuum systems if installed shall be in accordance with the requirements of the Compressed Gas Association Pamphlet P-2.1. (B-~~G~~)



## Section 390.2730 (continued)

## h) Fire Extinguishing Systems

- 1) A complete automatic sprinkler system shall be installed throughout all facilities regardless of construction type. (A, B-~~6~~)
  - 2) All sprinkler and other fire extinguishing systems shall be designed and installed in accordance with National Fire Protection Association Standard 101 and referenced codes. (A, B-~~6~~)
  - 3) All sprinkler systems shall be maintained in accordance with National Fire Protection Association Standard 13A. (A, B-~~6~~)
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2740 Electrical Systems  
EMERGENCY

## a) General

- 1) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities required by these standards. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other similarly established standards. (B-~~6~~)
- 2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified and be in accordance with these standards. (A, B-~~6~~)
- b) Switchboards and Power Panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in

## Section 390.2740(b) (continued)

ambient temperature conditions. ~~(C)~~

- c) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits. ~~(C)~~
- d) Lighting
  - 1) All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings, and parking lots shall have lighting. ~~(C)~~
  - 2) Resident's rooms shall have general lighting. There shall be lighting for the use of staff. At least one light fixture shall be switched at the entrance to each resident room. All switches for control of lighting in resident's sleeping areas shall be the quiet operating type. ~~(C)~~
- e) Receptacles (Convenience Outlets)
  - 1) Each resident bed room shall have duplex grounding type receptacles as follows: One located each side of the head of each bed, crib or bassinet; one for television if used; and on another wall. (B-~~6~~)
  - 2) Resident bathrooms shall have at least one duplex receptacle.
  - 3) See Article 517 of National Fire Protection Association Standard 70 for grounding requirements. ~~(C)~~
  - 4) All receptacles shall be of the child safety type or shall be protected by 5 milliamper ground fault interrupters.
  - 5) Duplex receptacles shall be installed approximately fifty feet (50' 0") apart in all corridors and within twenty-five feet (25' 0") of ends of corridors. ~~(C)~~
- f) Door Alarm System
 

Each exterior door shall be equipped with a signal that will alert staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four hour a day supervision of the door, a signal is not required. (B-~~6~~)

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## Section 390.2740 (continued)

## Section 390.2740(1)(3) (continued)

## g) Nurses' Calling System

- 1) Each resident room shall be served by at least one calling station to be used by staff to summon additional assistance. Call shall register at the nurses' station and shall activate a visible signal in the corridor at the resident's door and in the nurse's station. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, identifying lights shall be provided at the nurses' station. (B-~~7-6~~)

- 2) An accessible nurses' call station shall be provided at each resident's watercloset, bath, and shower room or area. (B-~~7-6~~)

## h) Fire Alarm System

- 1) A manually and automatically operated fire alarm system shall be installed. (A, B-~~7-6~~)
- 2) Automatic smoke detectors shall be installed in all resident sleeping rooms and at thirty (30) feet on center in all corridors other than sleeping area corridors. (A, B-~~7-6~~)

## i) Emergency Electrical System

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The emergency system shall consist of the life safety branch and the critical branch. (B-~~7-6~~)
- 2) The source of this emergency electric service shall be an emergency generating set or an approved dual source of normal power. (B-~~7-6~~)
- 3) Life Safety Branch, Automatic Transfer ten (10) Seconds.
  - A) Illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors, and all ways of approach to and through exits. (A, B-~~7-6~~)
  - B) Exit signs and exit directional signs. (A, B-~~7-6~~)
  - C) Sufficient lighting in dining room and recreation areas to provide illumination to exit ways. (A, B-~~7-6~~)

- D) Fire alarms activated at manual stations, by electric water flow alarm devices in connection with sprinkler systems, and by all automatic detection systems. (A, B-~~7-6~~)
- E) Communication systems, where these are used for issuing instructions during emergency conditions (A, B-~~7-6~~)
- F) Task illumination and selected receptacles at the generator set location. (B-~~7-6~~)

## 4) Critical Branch, Automatic Transfer Ten (10) Seconds

- A) Task illumination and selected receptacles in the nurse's station including the medication preparation area. (B-~~7-6~~)

- B) Sump pumps and other equipment required to operate for the safety of major apparatus including associated control systems and alarms. (B-~~7-6~~)

- C) Elevator cab lighting and communication systems. (B-~~7-6~~)

- D) Nurses' call system (B-~~7-6~~)

- 5) Critical Branch, Automatic or Manual Systems Heating equipment to provide heating for patient rooms. EXCEPTION: Where the facility is served by two (2) or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources is not likely to cause an interruption of more than one of the facility service feeders. (B-~~7-6~~)

## 6) Details

- A) The life safety and critical branch shall be in operation within ten (10) seconds after the interruption of normal electric power supply. (B-~~7-6~~)
- B) Receptacles connected to emergency power shall be distinctively marked. (B-~~7-6~~)
- C) Where fuel storage facilities are provided on the site, the fuel tank shall have minimum capacity for twenty-four (24)



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## Section 390.2740(i)(6)(C) (continued)

hour operation of the generator. (B-~~G~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2910 Applicability  
EMERGENCY

- a) 1) These standards shall apply to all existing Long-Term Care Facilities providing care to children at the time of promulgation of this Part and all minor alterations or remodeling changes to existing facilities. See Subpart M for New Construction and Major Additions and Alterations.
- 2) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operations, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board Requirements must be met for all alteration and remodeling projects. ~~(C)~~
- b) All Long-Term Care Facilities having architectural drawings and specifications, or the building, first approved by the Department for licensure after October 1, 1974, must meet the applicable requirements of Subpart M to convert to a Long-Term Care Facility for persons under twenty-two (22) years of age. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2920 Codes and Standards  
EMERGENCY

- a) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions. (B-~~G~~-)
- b) The 1981 Edition of the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code for existing structures and all appropriate references under Appendix B of that Code, but no

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## Section 390.2920(b) (continued)

subsequently amended edition of the Code, shall apply to and become a part of these standards. (A, B-~~G~~-)

- c) Pursuant to the Medicare/Medicaid certification requirements of 42 CFR 405.1134(a) (1983), but no subsequently amended editions of these Federal regulations, any skilled nursing facility that on December 4, 1980 or on November 26, 1982, or any intermediate care facility that on November 26, 1982 complied with the requirements of the 1967 or 1973 edition of the Life Safety Code, rather than the 1981 edition of the Life Safety Code, will be accepted by the Department for licensure and certification as long as the facility continues to remain in compliance with the 1967 or 1973 edition of the Code.

- d) The following exceptions to the 1967 Life Safety Code have been established by the Department:

- 1) Facilities shall be of the heights and construction types with sprinkler requirements identified in Table E: (B-~~G~~-)
- 2) Dead-end corridors greater than fifty (50) feet in length shall be altered so that exits are accessible in at least two (2) directions from all points in aisles, passageways, and corridors. (B-~~G~~-)
- 3) Exit discharge doors and resident sleeping doors must be at least thirty-four (34) inches in width. Width required is the width of the door leaf. ~~(C)~~
- 4) All corridors shall have a minimum wall to wall width of six (6) feet. ~~(C)~~
- e) The following equivalencies have been established by the Department: Where corridor partition walls are not continuous from the floor slab to the underside of the floor or roof slab above, through any concealed spaces such as those above the suspended ceilings and through interstitial structural and mechanical spaces, the following equivalencies are permitted: (B-~~G~~-)
  - 1) A membrane ceiling which may be lath and plaster or drywall or a lay-in ceiling with all tiles clipped down and with all clips remaining in place, or with all the tiles weighing at least one (1) pound per square foot. The ceiling may be suspended but it must be constructed continually from exterior wall to exterior wall and must be part of a 1-hour rated ceiling assembly. All recessed lights, all duct outlets and all speaker outlets, etc.

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Section 390.2920(e)(1) (continued)

Section 390.2920(f) (continued)

must be properly protected in accordance with Code. Plenums are not allowed unless each outlet is properly protected. This concept is applicable only to 2-hour fire resistive and 1-hour protected noncombustible construction.

- 2) A membrane ceiling of at least a one (1) hour rating (such as two layers of 5-8" Fire Code drywall) is acceptable for noncombustible, one (1) hour protected ordinary, ordinary, one (1) hour protected wood frame, woodframe and heavy timber construction.

- 3) Corridor walls need not run up in 2-hour fire resistive and 1-hour protected noncombustible construction if automatic sprinklers are installed throughout.

- 4) Smoke detectors may be used in lieu of continuous corridor wall construction all building construction types which are equipped throughout with an automatic extinguishment system required by these Standards. Automatic heat detectors, in lieu of automatic smoke detectors, may be installed in kitchens, laundry rooms, boiler/furnace rooms and attic spaces.

f) The following codes which were effective at the date of approval by the Department of the final drawings and specifications or the final inspection of the building apply: (B-~~6~~)

- 1) Illinois Plumbing Code (77 Ill. Adm. Code 890)  
State of Illinois  
Department of Public Health
- 2) Accessibility Standards Illustrated (71 Ill. Adm. Code 400)  
State of Illinois  
Capital Development Board
- 3) Fire Prevention and Safety (41 Ill. Adm. Code 100)  
State of Illinois  
Office of the State Fire Marshal
- 4) Food Service Sanitation (77 Ill. Adm. Code 750)  
State of Illinois  
Department of Public Health
- 5) Boiler and Pressure Vessel Safety Act and Boiler and Pressure Vessel Safety Rules and Regulations (41 Ill. Adm. Code 120)  
State of Illinois  
Office of the State Fire Marshal

- 6) Safety Glazing Materials Act, (Ill. Rev. Stat. 1985, ch. 111 1/2, pars. 3101 et seq.)  
State of Illinois  
Department of Labor

- 7) These Illinois Department of Public Health (IDPH) Standards govern in cases of differences between these IDPH Standards and the Codes and Standards listed before. (B-~~6~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2930 Preparation of Drawings and Specifications  
EMERGENCY

Drawings and specifications prepared for work which is required by these Standards shall be prepared in accordance with Section 390.2630 of the Construction Standards for New Facilities. (B-~~6~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2940 Site  
EMERGENCY

- a) Each facility shall comply with all applicable zoning ordinances and be located on a reasonably flat or rolling, well-drained site that is: not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in a deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding. (B-~~6~~)

- b) Each facility shall be located in or near a community which can provide the necessary supportive services for the facility such as physicians' services, social services, transportation, recreation, religious services, medical facilities, public utilities, or other acceptable substitutes; and be located on a well-maintained, all-weather road. In those instances where the community does not provide these services, the facility shall do so. (B-~~6~~)

- c) Each facility shall be served by a potable water supply with water pressure and volume that is acceptable to this Department. (B)



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## Section 390.2940 (continued)

- d) Each facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2950 Administration and Public Areas  
EMERGENCY

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas. ~~(G)~~
- b) Each facility shall be provided with sufficient administrative office space for clerical, financial, and managerial functions and provide satisfactory space which can be used for privacy in interviewing applicants, for discussion with relatives, etc.
- c) Each facility shall be provided with satisfactory space or an office for the administrator.
- d) Each facility shall be served by reliable telephone service.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2960 Nursing Unit  
EMERGENCY

## a) General Requirements for Bedrooms

- 1) Resident bedrooms shall have an entrance directly off of a corridor with an entrance door that swings into the room. ~~(G)~~
- 2) Provide a closet or wardrobe of at least four (4) square feet for each resident. ~~(G)~~
- 3) No bedroom floor shall be more than three (3) feet below the adjacent ground level. ~~(G)~~

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## Section 390.2960(a) (continued)

- 4) Each room used as a resident bedroom shall have at least one (1) outside window with a total window area equal to one-tenth (1/10) the floor area of the room. ~~(G)~~
- 5) There shall be separate bedrooms for males and females over six (6) years of age unless the interdisciplinary team determines that separation is not necessary due to the functional level of individual residents. ~~(G)~~
- 6) A handwashing lavatory shall be provided in each bedroom.
- 7) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 390.3040(c). ~~(G)~~
- 8) Receptacles shall be provided in accordance with Section 390.3040(d). ~~(G)~~
- 9) Nurses' call system shall be provided in accordance with Section 390.3040(e). (B-~~G~~)
- 10) Visual privacy shall be provided for residents in multibed rooms in accordance with Section 390.2220(a)(4). Location of screen or curtain shall not restrict resident access to entry, lavatory, or toilet. ~~(G)~~
- 11) Resident toilet rooms shall open directly into a corridor or into a resident's bedroom.

## b) Resident Bedrooms

- 1) Each single resident bedroom used for a resident shall have at least one hundred (100) square feet of usable net floor area, not including any space taken up for closets, wardrobes, bathrooms, and clearly definable entryway areas. ~~(G)~~
- 2) Each multiple bedroom for residents shall have the following floor areas; exclusive of closets, wardrobes, clearly definable entryways:
- A) Seventy-five (75) square feet per bed. Size: 38"-40" x 75"-84".
- B) Sixty-five (65) square feet per small bed. Size: 37" to less than 38" x 61" to less than 75".

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## Section 390.2960(b)(2) (continued)

- C) Sixty (60) square feet per large crib. Size: 30" to less than 37" x 56" to less than 61".
- D) Forty-five (45) square feet per medium crib. Size: 27" to less than 30" x 43" to less than 56".
- E) Forty (40) square feet per small crib. Size: 19" to less than 27" x 35" to less than 43".
- F) Twenty-four (24) square feet per bassinets. Size: Smaller than 19" x 35".

3) All sleeping accommodations shall be adequate in size considering the resident's age, size, mobility, and functional level.

4) Multiple bedrooms shall not have more than eight (8) residents.

5) Provide a minimum clearance of three (3) feet at the foot and one side of all sleeping accommodations. Clearance is not required when accommodation is not occupied, however, an exit path must always be maintained in accordance with the requirements of the National Fire Protection Association's Standard No. 101: Life Safety Code.

6) The minimum dimension of bedrooms shall be nine (9) feet between walls or a wall with any built-in furniture or storage space.

## c) Special Care Room

- 1) Provide one (1) special care room per facility complying with bedroom requirements subsections (a) and (b) above.
- 2) Additional rooms may be required depending upon the bed capacity of the facility.
- 3) Provide a minimum of one (1) workroom adjacent to or between each special care room containing lavatories, water closets or clinical rim flush sinks and all the equipment necessary to maintain a safe standard of special care.
- 4) This room shall be located to provide proper and efficient supervision of the resident by the nursing staff. ~~(C)~~
- 5) When more than one (1) resident is housed in this room, it may

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## Section 390.2960(c)(5) (continued)

only be used to isolate residents with the same communicable disease.

6) This room shall be included in the authorized maximum bed capacity for the facility.

7) It is permissible for the room to be occupied by a resident not in need of special care, provided the resident is clearly informed and understands he/she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. ~~(C)~~

## d) Nurses' Station

1) Provide a minimum of one (1) nurses' station for each nursing unit. The station shall have direct access to a corridor, shall be located near the area it will serve, and shall be designed to provide visual control of the area. It shall be separated satisfactorily from the nurses' utility rooms. ~~(B)-(C)~~

2) Each nurses' station shall have a medicine sink with hot and cold running water, a work counter, a medicine cabinet, and necessary equipment and furnishings. ~~(C)~~

3) Provide a nurses' toilet with handwashing sink convenient to the nurses' station. ~~(C)~~

## e) Bathing and Toilet Rooms

1) The minimum number of fixtures per resident use floor shall be one (1) lavatory, one (1) water closet, and one (1) bathing fixture.

2) Additional fixtures shall be provided on each floor based on the maximum capacity of beds, cribs or bassinets (even though some may not be occupied), as follows:

- A) Lavatories: One (1) per eight (8)
- B) Clinical rim flush sink and/or water closet for residents capable of using them: One (1) per eight (8)
- C) Bathing or shower fixtures: One (1) per twelve (12)
- 3) Provide on each floor at least one (1) bathing facility or



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## Section 390.2960(e)(3) (continued)

enclosure of not less than eight (8) feet six (6) inches by eight (8) feet six (6) inches with an acceptable system for bathing residents with physical disabilities.

4) If a shower is installed instead of a bathtub, such shower shall have a minimum dimension of four (4) feet wide by three (3) feet six (6) inches deep. These showers shall have a water inlet to which is connected a flexible hose with spray or shower head attached to the end of the hose. If desired, a conventional shower head installation may also be provided but it must be valved off from the lower water inlet. ~~(C)~~

5) Shower stalls shall have a low or no curb at the entrance opening. Under certain circumstances this may be waived but in no instances can the curb be higher than three (3) inches. ~~(C)~~

6) Other acceptable fixtures for bathing the residents may be provided with Department approval.

7) All plumbing fixtures shall be designed and installed to satisfactorily serve the residents using them.

8) There shall be separate toilet and bathing areas on each floor for males and females over six (6) years of age unless the interdisciplinary team determines that separation is not necessary due to the functional level of individual residents. ~~(C)~~

9) If toilet rooms provided adjacent to bedrooms are not large enough to permit use by wheelchairs, at least one (1) toilet room or enclosure measuring five (5) feet by six (6) feet shall be provided on each floor housing residents. Provide a lavatory usable from a wheelchair in this room. ~~(C)~~

10) All bath and toilet rooms shall be easily accessible and conveniently located. Group bath and toilet facilities shall be partitioned or curtained for privacy. ~~(C)~~

## f) Utility Rooms

1) Every facility shall have clean and soiled utility functions in separate rooms on each floor having resident beds, cribs or bassinets. ~~(C)~~

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## Section 390.2960(f) (continued)

## 2) Clean Utility Room

A) The clean utility room shall be large enough to contain:

- i) a work counter or table;
  - ii) a sink with drainboard;
  - iii) ample storage cabinets for clean and sterile supplies and equipment; and
  - iv) an autoclave, if required, for sterilizing needles, syringes, catheters, dressings, and similar items.
- B) The autoclave may be located in the nurses' station area. The autoclave may be waived in lieu of other methods of sterilization approved by the Department. ~~(C)~~

3) The soiled utility room shall be large enough to contain:

- A) a two compartment sink with drainboards;
- B) ample storage cabinets;
- C) a clinical rim flush sink for: rinsing bed pans, urinals, and linen soiled by solid materials, and similar type procedures; and
- D) equipment for sanitizing bed pans, emesis basins, urine bottles, and other utensils, which meets accepted methods and procedures for such sanitation.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.2970 Play, Dining, Activity/Program Room(s)  
EMERGENCY

## a) General

- 1) The combined area of these rooms shall not be less than twenty (20) square feet per resident beds, cribs or bassinets. ~~(C)~~
- 2) The activity/program room(s) may be combined with the

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## Section 390.2970(a)(2) (continued)

## Section 390.2980 Treatment and Personal Care

playroom(s) and/or dining room.

3) Locate these rooms so that they are not an entrance vestibule from the outside. ~~(C)~~

4) All furniture shall be arranged so that it is not an obstruction to traffic in or out of the facility. ~~(C)~~

5) Playing and feeding functions, if suitable and consistent with the programs may occur in bedrooms. However, dining rooms, playrooms, and activity rooms may not be used for resident bedrooms. ~~(C)~~

## b) Dining

1) Provide at least one (1) furnished dining room in the facility sufficient in area to allow proper and comfortable service for the residents.

2) A dining room may not be necessary if sufficient space is available for individual feeding of residents when required due to the functional level of the individual residents as determined by the interdisciplinary team.

## c) Play

1) Playroom shall be provided on each floor in multiple story buildings unless a variance to this requirement is approved in writing by the Department. Such a variance may be granted based upon the population and condition of the residents.

2) This room shall have adequate space to permit residents to run.

3) There shall be satisfactory outdoor play area and equipment to meet the needs of all residents who can be taken outdoors.

## d) Activity/Program

Additional interior rooms may be used for television, craft, or similar activities.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Space and appropriate equipment shall be provided to meet the resident's needs for treatment, grooming and hair care. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.2990 Service Department  
EMERGENCY

## a) Kitchen

1) Provide a kitchen area, not including food storage area, of approximately ten (10) square feet per resident bed; this may be reduced for a facility with forty (40) or more beds. Any deviation from this requirement must receive approval from the Department. Such approval will only be granted if it can be shown that sufficient space can be provided to meet the needs of the residents. ~~(B, C)~~

2) Provide kitchen equipment in an arrangement for convenient operation, good sanitation, healthful working conditions and control of heat, noise, and odors. ~~(B, C)~~

3) Provide appropriate equipment for the preparation and serving of meals. ~~(B, C)~~

4) Provide refrigeration of perishable foods. ~~(B, C)~~

5) The kitchen shall be equipped with a two (2) compartment sink for washing and sanitizing dishes, pots, pans and utensils. ~~(B, C)~~ A commercial type dishwasher is recommended.

6) The kitchen shall be provided with a handwashing lavatory. ~~(B, C)~~

7) The walls and ceilings of all food handling rooms shall be finished with smooth, washable, light-colored surfaces. ~~(C)~~

8) All openings to the outside shall be effectively screened during fly seasons, and screen doors shall be equipped with self-closing devices; or a satisfactory alternative method. ~~(C)~~



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## Section 390.3000(b)(1) (continued)

stairs, and ramps. Handrails shall be one and one-half (1 1/2) inches in diameter and one and one-half (1 1/2) inches minimum clear of the wall. Refer to State of Illinois Accessibility Standards for other acceptable handrail dimensions and details. (B-~~6~~)

- 2) Grab bars shall be provided at all resident toilets, showers, tubs, sitz bath, etc. Refer to State of Illinois Accessibility Standards for grab bar dimensions and details. (B-~~6~~)
- 3) Handrails and grab bars shall be installed at a height to meet the special needs of the residents of each facility. (B-~~6~~)

## c) Ceiling Heights

- 1) All rooms occupied by or used by residents shall have not less than eight (8) feet ceiling height. ~~(C)~~
- 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have not less than seven feet eight inches (7'-8") ceiling height. ~~(C)~~
- 3) Suspended tracks, rails and pipes located in the path of traffic shall not be less than six feet eight inches (6'-8") above the floor. ~~(C)~~

## d) Doors and Windows

- 1) Main entrance and exit doors shall swing outward and be provided with door closers and panic-hardware. (B-~~6~~)
- 2) Door Alarm System. See Section 390.3040(f).
- 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and the keys are carried by the attendants at all times. (B-~~6~~)
- 4) The doors for the toilet rooms used by residents shall have a minimum door width of thirty (30) inches. (B-~~6~~)
- 5) No toilet or bathroom door shall be provided with hardware which

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## Section 390.3000(d)(5) (continued)

could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress from the room. (B-~~6~~)

- 6) Thresholds or parting strips in doorways used by residents shall be in accordance to State of Illinois Accessibility Standards. ~~(C)~~

- 7) Doors and windows shall fit snugly and be weather tight, and shall open and close easily. ~~(C)~~

- 8) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, 16-mesh screens. Screen doors shall be equipped with self-closing devices. ~~(C)~~

## e) Floors

- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. (B-~~6~~)
- 2) Floors in bathrooms, kitchens, and utility rooms shall be completely covered with water resistant material. (B-~~6~~)

## f) Walls and Ceilings

- 1) Walls and ceilings shall have sound construction, covered with plaster or sheet rock or similar material in good repair, and free from cracks or holes to permit proper cleaning. ~~(C)~~
- 2) Be constructed and maintained so as to prevent the entrance and harborage of rats, mice, flies, and other vermin. ~~(C)~~

## g)

Exit corridor walls shall be one (1) hour fire rated construction. Adjoining open spaces shall not be greater than six hundred (600) square feet. Provide direct visual supervision of these open spaces and equip them with an electrically supervised smoke detection system. (B-~~6~~)

## h)

There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B-~~6~~)



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Section 390.3000 (continued)

- i) Approved containers with proper covers shall be provided for daily storage of rubbish. (B-~~7~~-G)
- j) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B-~~7~~-G)
- k) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the office of the State Fire Marshall if conditions in and around building, including its location, indicate that such additional protection is needed. (B-~~7~~-G)
- l) Facilities shall have no other business in the building which is unrelated to health care that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and must be approved by the Department. Such approval will be granted only when it can be shown that the business will not interfere in any way with the residents. (A, B-~~7~~-G)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.3010 Structural  
EMERGENCY

- a) Buildings and all parts thereof shall be maintained structurally to support all dead, live and lateral loads. (B-~~7~~-G)
- b) Buildings shall be maintained in good repair. Buildings that show signs of distress shall be repaired immediately. (B-~~7~~-G)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3020 Mechanical Systems  
EMERGENCY

- a) Mechanical systems shall be maintained to assure proper working order and safe operation. Instructions in the operational use of the systems and equipment must be available at the facility. (B-~~7~~-G)

Section 390.3020 (continued)

- b) Thermal and Acoustical Insulation. It is recommended that insulation be provided for the following:
  - 1) Boilers, smoke breeching, and stacks.
  - 2) Steam supply and condensate return piping.
  - 3) Hot water piping above 180°F and all hot water heaters, generators, and converters.
  - 4) Hot water piping above 125°F which is exposed to contact by residents.
  - 5) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.
  - 6) Water supply and drainage piping on which condensation may occur.
  - 7) Air ducts and casings with outside surface temperature below ambient dew point.
  - 8) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system.
  - 9) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive systems heat loss or excessive heat gain.
  - 10) Insulation on cold surfaces shall include an exterior vapor barrier. ~~(G)~~
  - 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with ASTM Standard E 84. Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building or do not penetrate a wall or roof or do not create an exposure hazard. ~~(G)~~

- c) It is recommended that supply and return mains and risers for cooling, heating and process steam systems be valved to isolate the various sections of each system. Each piece of equipment shall be

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Section 390.3020(c) (continued)

valved at the supply and return ends. ~~(G)~~

d) Heating, Cooling, and Ventilating Systems

- 1) The heating system shall be capable of maintaining a temperature of 75° Fahrenheit in all resident use spaces. ~~(G)~~
- 2) Auxiliary gas or electric space heaters of an approved closed type may be installed in areas requiring more heat than is produced by the central heating system. Heaters or furnaces of a type to be installed under, in, or on the floor are not permitted. ~~(B, G)~~
- 3) All ventilation supply return and exhaust systems shall be mechanically operated. ~~(G)~~
- 4) The kitchen shall be provided with ventilation for reasonable comfort and with sufficient make-up air for the rangehood exhaust. ~~(B, G)~~
- 5) The laundry shall be provided with ventilation for reasonable comfort with air flowing from clean areas to soiled areas with exhaust to the outdoors. ~~(B, G)~~
- 6) It is recommended that outdoor air intakes be located as far as practical but not less than 15 feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems should be located as high as practical but not less than 6 feet above ground level, or if installed above the roof, 3 feet above roof level. ~~(G)~~
- 7) Air conditioning and ventilating systems shall be maintained to conform to the requirements of NFPA 90A. ~~(A, B, G)~~
- 8) The hood and duct system for cooking equipment shall be in conformance with NFPA 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratory. ~~(A, B, G)~~
- 9) Boiler rooms and other rooms housing combustion equipment shall be provided with sufficient outdoor air to maintain proper

Section 390.3020(d)(9) (continued)

combustion rates. ~~(A, B, G)~~

- 10) A capability shall be provided to maintain a temperature of at least fifty-five (55) degrees Fahrenheit for at least twelve (12) hours when the normal source of electrical power is interrupted. ~~(A, B, G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3030 Plumbing Systems

EMERGENCY

- a)
  - 1) All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of water closets, lavatories, bath tubs, showers and other fixtures shall be as required by these Requirements and the facility program. ~~(B, G)~~
  - 2) New and replacement equipment, fixtures and fittings for mechanical, plumbing and electrical systems shall conform to and be installed in accordance with Subpart M.
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of nonabsorptive acid-resistant materials and shall be kept in good repair. ~~(G)~~
  - 2) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. ~~(G)~~
  - 3) The kitchen shall be equipped with a two (2) compartment sink for washing pots and pans. One (1) compartment shall contain no less than fourteen (14) inches depth of 170°F. water. A commercial type dishwasher is recommended. ~~(G)~~
  - 4) When existing showers or tubs are replaced or additional showers or tubs provided, the shower bases and tub bottoms shall be provided with nonslip surfaces.



Section 390.3030 (continued)

- c) Water Supply Systems
- 1) Water supply systems shall be designed to supply potable water at sufficient pressure and volume to operate all plumbing fixtures and equipment during maximum demand periods. ~~(C)~~
  - 2) It is recommended that each water service main, branch main, riser and branch to a group of fixtures be valved. Stop valves should be provided at each fixture.
  - 3) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.
  - 4) Hot water available to residents at shower bathing and handwashing facilities shall not exceed 110 degrees F. (A, B, ~~C~~)
  - 5) Protective measures, such as but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B, ~~C~~)
  - d) Special precautions shall be taken to protect food preparation, serving or storage areas from possible leakage or condensation from necessary overhead piping systems. (B, ~~C~~)
  - e) All fire extinguishment systems shall be designed and installed in accordance with NFPA 101 and NFPA 13. All fire extinguishment systems shall be maintained in accordance with NFPA 13A. (A, B, ~~C~~)
- (Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3040 Electrical Requirements  
EMERGENCY

- a) The electrical installation for existing facilities shall continue to meet all the requirements of the National Electrical Code, effective at the time of approval by the Department of Public Health, and specification or the inspection of the building. (A, B, ~~C~~)
- b) Circuit breakers or fusible switches that provide disconnecting means

Section 390.3040(b) (continued)

- and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. Overload protective devices shall be suitable for operating properly in ambient temperature conditions. ~~(C)~~
- c) Lighting.
- 1) All spaces occupied by people, machinery, or equipment within buildings, approaches to buildings, and parking lots shall have lighting. ~~(C)~~
  - 2) Resident's rooms shall have general lighting. ~~(C)~~
- d) Receptacles
- 1) Each resident room shall have adequate duplex type receptacles.
  - 2) All receptacles shall be of the child safety type, or protected by covers. ~~(C)~~
- e) Nurses' Calling System.
- 1) Each resident room shall be served by at least one calling station to be used by staff to summon additional assistance. Call shall register at the nurses' station and shall activate a visible signal in the corridor at the resident's door.
  - 2) Facilities with an intercommunication system which provides only voice communication between a resident room and the nurses' station may remain in service when approved by the Department.
  - 3) An accessible nurses' call station shall be provided at each resident's water closet, bathing and shower room or area.
- f) Door Alarm System.
- All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (B, ~~C~~)
- g) Fire Alarm System
- 1) A manually-operated, electrically-supervised fire alarm system

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## Section 390.3040(g)(1) (continued)

shall be installed. Pre-signal systems are not permitted. (A, B-~~G~~)

- 2) There shall be an approved fire detection and alarm system throughout the facility. (A, B-~~G~~)
- 3) The fire alarm signals shall automatically transmit the alarm to any available municipal fire department by direct private line or through an approved central station. (A, B-~~G~~)
- 4) Fire alarms shall be activated by manual stations and all detection systems and flow alarm devices and sprinkler systems. (A, B-~~G~~)

h) Emergency Electrical Requirements (B-~~G~~)

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. (B-~~G~~)
- 2) The source of this emergency electrical service shall be one of the following: (B-~~G~~)
  - A) An emergency generating set when the normal service is supplied by only one (1) central station transmission line.
  - B) Automatic battery operated systems or equipment that will be effective for four (4) or more hours and will be capable of supplying power for lighting for exit signs, exit corridors, stairways, nurses' stations, communication system, and all alarm systems, including the nurses' call system.
  - C) An approved dual source of normal power. Such a dual source of normal power shall consist of two (2) or more electrical services fed from separate generator sets or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of more than one of the facility service feeders. An automatic transfer switch is required between the facility service feeders.

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## Section 390.3040(h) (continued)

- 3) Provide emergency electrical service for: (B-~~G~~)
    - A) illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors and all ways of approach to and through exits including outside lights,
    - B) exit signs and exit directional signs,
    - C) fire alarm systems and detection systems,
    - D) communication systems which are used for issuing instructions,
    - E) task illumination in the nurses station.
    - F) nurse call system.
- (Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

## Section 390.3210 General

EMERGENCY

- a) NO RESIDENT SHALL BE DEPRIVED OF ANY RIGHTS, BENEFITS, OR PRIVILEGES GUARANTEED BY LAW, THE CONSTITUTION OF THE STATE OF ILLINOIS, OR THE CONSTITUTION OF THE UNITED STATES SOLELY ON ACCOUNT OF HIS STATUS AS A RESIDENT OF A FACILITY. (A, B-~~G~~) (11. Rev. Stat. 1985, ch. 111 1/2, par. 4152-101)
- b) A RESIDENT SHALL BE PERMITTED TO RETAIN AND USE OR WEAR HIS PERSONAL PROPERTY IN HIS IMMEDIATE LIVING QUARTERS, UNLESS DEEMED MEDICALLY INAPPROPRIATE BY A PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD. ~~(G)~~ (11. Rev. Stat. 1985, ch. 111 1/2, par. 4152-103)
- c) IF CLOTHING IS PROVIDED TO THE RESIDENT BY THE FACILITY IT SHALL BE OF A PROPER FIT. ~~(G)~~ (11. Rev. Stat. 1985, ch. 111 1/2, par. 4152-103)
- d) THE FACILITY SHALL PROVIDE ADEQUATE AND CONVENIENT STORAGE SPACE FOR THE PERSONAL PROPERTY OF THE RESIDENT. ~~(G)~~ (11. Rev. Stat. 1985, ch. 111 1/2, par. 4152-103)



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Section 390.3210 (continued)

- e) THE FACILITY SHALL PROVIDE A MEANS OF SAFEGUARDING SMALL ITEMS OF VALUE FOR ITS RESIDENTS IN THEIR ROOMS OR IN ANY OTHER PART OF THE FACILITY SO LONG AS THE RESIDENTS HAVE DAILY ACCESS TO SUCH VALUABLES. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-103)
- f) THE FACILITY SHALL DEVELOP PROCEDURES FOR INVESTIGATING COMPLAINTS CONCERNING THEFT OF RESIDENT'S PROPERTY AND SHALL PROMPTLY INVESTIGATE ALL SUCH COMPLAINTS. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-103)
- g) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT MARRIED RESIDENTS RESIDING IN THE SAME FACILITY BE ALLOWED TO RESIDE IN THE SAME ROOM WITHIN THE FACILITY UNLESS THERE IS NO ROOM AVAILABLE IN THE FACILITY OR IT IS DEEMED MEDICALLY INADVISABLE BY THE RESIDENT'S ATTENDING PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S MEDICAL RECORDS. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-108(e))
- h) There shall be no traffic through a resident's room to reach any other area of the building. ~~(B-C)~~
- i) Children under sixteen (16) years of age who are related to employees or owners of a facility, and who are not themselves employees of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity. ~~(C)~~
- j) A RESIDENT MAY REFUSE TO PERFORM LABOR FOR A FACILITY. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-113)
- k) A RESIDENT SHALL BE PERMITTED THE FREE EXERCISE OF RELIGION. UPON A RESIDENT'S REQUEST, AND IF NECESSARY AT HIS EXPENSE, THE FACILITY ADMINISTRATOR SHALL MAKE ARRANGEMENTS FOR A RESIDENT'S ATTENDANCE AT RELIGIOUS SERVICES OF THE RESIDENT'S CHOICE. HOWEVER, NO RELIGIOUS BELIEFS OR PRACTICES, OR ATTENDANCE AT RELIGIOUS SERVICES, MAY BE IMPOSED UPON ANY RESIDENT. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-109)
- l) All facilities shall comply with "The Election Code" (Ill. Rev. Stat. 1983, ch. 46, pars. 1-1 et seq.) as it pertains to absentee voting for residents of licensed long-term care facilities. ~~(C)~~
- m) THE FACILITY SHALL IMMEDIATELY NOTIFY THE RESIDENT'S NEXT OF KIN, REPRESENTATIVE AND PHYSICIAN OF THE RESIDENT'S DEATH OR WHEN THE

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Section 390.3210(m) (continued)

- RESIDENT'S DEATH APPEARS TO BE IMMINENT. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-208)
  - n) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever emergency situations occur such as accidents, sudden illness, disease, unexplained absences, and other circumstances arise, such as extraordinary resident charges, billings, or related administrative matters. ~~(B-C)~~
  - o) WHERE A RESIDENT, A RESIDENT'S REPRESENTATIVE OR A RESIDENT'S NEXT OF KIN BELIEVES THAT AN EMERGENCY EXISTS EACH OF THEM, COLLECTIVELY OR SEPARATELY, MAY FILE A VERIFIED PETITION TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED FOR AN ORDER PLACING THE FACILITY UNDER CONTROL OF A RECEIVER. ~~(C)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-503)
- (Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)
- Section 390.3220 Medical and Personal Care Program  
EMERGENCY
- a) A RESIDENT SHALL BE PERMITTED TO RETAIN THE SERVICES OF HIS OWN PERSONAL PHYSICIAN AT HIS OWN EXPENSE UNDER AN INDIVIDUAL OR GROUP PLAN OF HEALTH INSURANCE, OR UNDER ANY PUBLIC OR PRIVATE ASSISTANCE PROGRAM PROVIDING SUCH COVERAGE. ~~(B-C)~~
  - b) THE DEPARTMENT SHALL NOT PRESCRIBE THE COURSE OF MEDICAL TREATMENT PROVIDED TO AN INDIVIDUAL RESIDENT BY THE RESIDENT'S PHYSICIAN IN A FACILITY. ~~(C)~~
  - c) EVERY RESIDENT SHALL BE PERMITTED TO OBTAIN FROM HIS OWN PHYSICIAN OR THE PHYSICIAN ATTACHED TO THE FACILITY COMPLETE AND CURRENT INFORMATION CONCERNING HIS MEDICAL DIAGNOSIS, TREATMENT AND PROGNOSIS IN TERMS AND LANGUAGE THE RESIDENT CAN REASONABLY BE EXPECTED TO UNDERSTAND. ~~(C)~~
  - d) EVERY RESIDENT SHALL BE PERMITTED TO PARTICIPATE IN THE PLANNING OF HIS TOTAL CARE AND MEDICAL TREATMENT TO THE EXTENT THAT HIS CONDITIONS PERMITS ~~(C)~~
  - e) NO RESIDENT SHALL BE SUBJECTED TO EXPERIMENTAL RESEARCH OR TREATMENT

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## Section 390.3220(e) (continued)

WITHOUT FIRST OBTAINING HIS INFORMED, WRITTEN CONSENT. THE CONDUCT OF ANY EXPERIMENTAL RESEARCH OR TREATMENT SHALL BE AUTHORIZED AND MONITORED BY AN INSTITUTIONAL REVIEW COMMITTEE APPOINTED BY THE ADMINISTRATOR OF THE FACILITY WHERE SUCH RESEARCH AND TREATMENT IS CONDUCTED. (A, B, ~~C~~)

f) EVERY RESIDENT SHALL BE PERMITTED TO REFUSE MEDICAL TREATMENT AND TO KNOW THE CONSEQUENCES OF SUCH ACTION, UNLESS SUCH REFUSAL WOULD BE HARMFUL TO THE HEALTH AND SAFETY OF OTHERS AND SUCH HARM IS DOCUMENTED BY A PHYSICIAN IN THE RESIDENT'S CLINICAL RECORD. (B, ~~C~~)

g) EVERY RESIDENT, RESIDENT'S GUARDIAN, OR PARENT IF THE RESIDENT IS A MINOR SHALL BE PERMITTED TO INSPECT AND COPY ALL HIS CLINICAL AND OTHER RECORDS CONCERNING HIS CARE AND MAINTENANCE KEPT BY THE FACILITY OR BY HIS PHYSICIAN (see Section 2-104 (c) of the Act). ~~(C)~~

h) EVERY RESIDENT'S REPRESENTATIVE SHALL BE PERMITTED TO INSPECT AND COPY THE RESIDENT'S RECORDS. A "RESIDENT'S REPRESENTATIVE" IS A PERSON, OTHER THAN THE OWNER OR AN AGENT OR EMPLOYEE OF A FACILITY WHO IS NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED (see Sections 2-202 (h) and 1-123 of the Act). ~~(C)~~

i) A RESIDENT SHALL BE PERMITTED RESPECT AND PRIVACY IN HIS MEDICAL AND PERSONAL CARE PROGRAM. EVERY RESIDENT'S CASE DISCUSSION, CONSULTATION, EXAMINATION AND TREATMENT SHALL BE CONFIDENTIAL AND SHALL BE CONDUCTED DISCREETLY, AND THOSE PERSONS NOT DIRECTLY INVOLVED IN THE RESIDENT'S CARE MUST HAVE HIS PERMISSION TO BE PRESENT. (B, ~~C~~) ~~75-03-00-00~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3230 Restraints  
EMERGENCY

a) NEITHER PHYSICAL RESTRAINTS NOR CONFINEMENTS SHALL BE EMPLOYED FOR THE PURPOSE OF PUNISHMENT OR FOR THE CONVENIENCE OF ANY FACILITY PERSONNEL. NO PHYSICAL RESTRAINTS OR CONFINEMENTS SHALL BE EMPLOYED EXCEPT AS ORDERED BY A PHYSICIAN WHO DOCUMENTS THE NEED FOR SUCH

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## Section 390.3230(a) (continued)

RESTRAINTS OR CONFINEMENTS IN THE RESIDENT'S CLINICAL RECORD. (B, ~~C~~)

b) Restraints and confinements may be employed only when necessary to prevent a resident from injuring himself or others. The physician's written authorization shall specify the precise time periods and conditions in which any restraints and confinements shall be employed. (B, ~~C~~)

c) Neither shall medication be employed by a facility as a restraint or confinement except as employed as part of a duly prescribed therapeutic medical treatment program authorized by the resident's physician and documented in the resident's clinical record. (B, ~~C~~)

d) No resident shall be subjected to any behavior modification program which utilizes restraints, confinements, or aversive stimuli of any nature unless and until the informed consent of such resident, resident's guardian, or parent of a minor resident has been obtained. (B, ~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.3240 Abuse and Neglect  
EMERGENCY

a) AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT A RESIDENT. (A, B, ~~C~~)

b) A FACILITY EMPLOYEE OR AGENT WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER TO THE FACILITY ADMINISTRATOR. ~~(C)~~

c) A FACILITY ADMINISTRATOR WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER BY TELEPHONE AND IN WRITING TO THE RESIDENT'S REPRESENTATIVE, AND TO THE DEPARTMENT. ~~(C)~~

d) In addition to this Part, the facility must comply with any other applicable Federal, State, or local requirements regarding the reporting of alleged abuse or neglect of residents.

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)



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## Section 390.3250 Communication and Visitation

EMERGENCY

- a) EVERY RESIDENT SHALL BE PERMITTED UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION OF HIS CHOICE BY MAIL, PUBLIC TELEPHONE OR VISITATION. ~~(C)~~
- b) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT CORRESPONDENCE IS CONVENIENTLY RECEIVED AND MAILED, AND THAT TELEPHONES ARE REASONABLY ACCESSIBLE. ~~(C)~~
- c) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT RESIDENTS MAY HAVE PRIVATE VISITS AT ANY REASONABLE HOUR UNLESS SUCH VISITS ARE NOT MEDICALLY ADVISABLE FOR THE RESIDENT AS DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD BY THE RESIDENT'S PHYSICIAN. ~~(C)~~
- d) The facility shall allow daily visiting between 10:00 A.M. and 8:00 P.M. These visiting hours shall be posted in plain view of visitors. ~~(C)~~
- e) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT SPACE FOR VISITS IS AVAILABLE AND THAT FACILITY PERSONNEL KNOCK, EXCEPT IN AN EMERGENCY, BEFORE ENTERING ANY RESIDENT'S ROOM. ~~(C)~~
- f) UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION BY MAIL, PUBLIC TELEPHONE, AND VISITATION MAY BE REASONABLY RESTRICTED BY A PHYSICIAN ONLY IN ORDER TO PROTECT THE RESIDENT OR OTHERS FROM HARM, HARASSMENT OR INTIMIDATION PROVIDED THAT THE REASON FOR ANY SUCH RESTRICTION IS PLACED IN THE RESIDENT'S CLINICAL RECORD BY THE PHYSICIAN AND THAT NOTICE OF SUCH RESTRICTION SHALL BE GIVEN TO ALL RESIDENTS UPON ADMISSION. ~~(C)~~
- g) NOTWITHSTANDING SUBSECTION (f) ABOVE, ALL LETTERS ADDRESSED BY A RESIDENT TO THE GOVERNOR, MEMBERS OF THE GENERAL ASSEMBLY, ATTORNEY GENERAL, JUDGES, STATE'S ATTORNEYS, OFFICERS OF THE DEPARTMENT, OR LICENSED ATTORNEYS AT LAW SHALL BE FORWARDED AT ONCE TO THE PERSONS TO WHOM THEY ARE ADDRESSED WITHOUT EXAMINATION BY FACILITY PERSONNEL. LETTERS IN REPLY FROM THE OFFICIALS AND ATTORNEYS MENTIONED ABOVE SHALL BE DELIVERED TO THE RECIPIENT WITHOUT EXAMINATION BY FACILITY PERSONNEL. ~~(C)~~
- h) ANY EMPLOYEE OR AGENT OF A PUBLIC AGENCY, ANY REPRESENTATIVE OF A COMMUNITY LEGAL SERVICES PROGRAM OR ANY MEMBER OF A COMMUNITY ORGANIZATION SHALL BE PERMITTED ACCESS AT REASONABLE HOURS TO ANY INDIVIDUAL RESIDENT OF ANY FACILITY, IF THE PURPOSE OF SUCH AGENCY, PROGRAM OR ORGANIZATION INCLUDES RENDERING ASSISTANCE TO RESIDENTS WITHOUT CHARGE, BUT ONLY IF THERE IS NEITHER A COMMERCIAL PURPOSE NOR

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## Section 390.3250(h) (continued)

AFFECT TO SUCH ACCESS AND IF THE PURPOSE IS TO DO ANY OTHER THAN THE FOLLOWING:

- 1) VISIT, TALK WITH AND MAKE PERSONAL, SOCIAL, AND LEGAL SERVICES AVAILABLE TO ALL RESIDENTS; ~~(C)~~
- 2) INFORM RESIDENTS OF THEIR RIGHTS AND ENTITLEMENTS AND THEIR CORRESPONDING OBLIGATIONS, UNDER FEDERAL AND STATE LAWS, BY MEANS OF EDUCATIONAL MATERIALS AND DISCUSSIONS IN GROUPS AND WITH INDIVIDUAL RESIDENTS; ~~(C)~~
- 3) ASSIST RESIDENTS IN ASSERTING THEIR LEGAL RIGHTS REGARDING CLAIMS FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SOCIAL SECURITY BENEFITS, AS WELL AS IN ALL OTHER MATTERS IN WHICH RESIDENTS ARE AGGRIEVED. ASSISTANCE MAY INCLUDE COUNSELING AND LITIGATION; OR ~~(C)~~
- 4) ENGAGE IN OTHER METHODS OF ASSERTING, ADVISING AND REPRESENTING RESIDENTS SO AS TO EXTEND TO THEM FULL ENJOYMENT OF THEIR RIGHTS. ~~(C)~~
- 1) NO VISITOR SHALL ENTER THE IMMEDIATE LIVING AREA OF ANY RESIDENT WITHOUT FIRST IDENTIFYING HIMSELF AND THEN RECEIVING PERMISSION FROM THE RESIDENT TO ENTER. THE RIGHTS OF OTHER RESIDENTS PRESENT IN THE ROOM SHALL BE RESPECTED. (B-~~(C)~~)
- 2) A RESIDENT MAY TERMINATE AT ANY TIME A VISIT BY A PERSON HAVING ACCESS TO THE RESIDENT'S LIVING AREA. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3260 Resident's Funds  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO MANAGE HIS OWN FINANCIAL AFFAIRS UNLESS HE OR HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT, AUTHORIZES THE ADMINISTRATOR OF THE FACILITY IN WRITING TO MANAGE SUCH RESIDENT'S FINANCIAL AFFAIRS UNDER SUBSECTIONS (b) THROUGH (n) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-102;
- b) THE FACILITY SHALL AT THE TIME OF ADMISSION, PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMI

## Section 390.3260(b) (continued)

MEMBER, IF ANY, WITH A WRITTEN STATEMENT EXPLAINING THE RESIDENT'S RIGHTS REGARDING PERSONAL FUNDS AND LISTING THE SERVICES FOR WHICH THE RESIDENT WILL BE CHARGED, AND OBTAIN A SIGNED ACKNOWLEDGEMENT FROM EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, THAT SUCH PERSON HAS RECEIVED THE STATEMENT. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(1))

c) THE FACILITY MAY ACCEPT FUNDS FROM A RESIDENT FOR SAFEKEEPING AND MANAGING, IF IT RECEIVES WRITTEN AUTHORIZATION FROM, IN ORDER OF PRIORITY, THE RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY; SUCH AUTHORIZATION SHALL BE ATTESTED TO BY A WITNESS WHO HAS NO PECUNIARY INTEREST IN THE FACILITY OR ITS OPERATIONS, AND WHO IS NOT CONNECTED IN ANY WAY TO FACILITY PERSONNEL OR THE ADMINISTRATOR IN ANY MANNER WHATSOEVER. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(2))

d) THE FACILITY SHALL MAINTAIN AND ALLOW, IN ORDER OF PRIORITY, EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, ACCESS TO A WRITTEN RECORD OF ALL FINANCIAL ARRANGEMENTS AND TRANSACTIONS INVOLVING THE INDIVIDUAL RESIDENT'S FUNDS. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(3))

e) THE FACILITY SHALL PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN ITEMIZED STATEMENT AT LEAST QUARTERLY, OF ALL FINANCIAL TRANSACTIONS INVOLVING THE RESIDENT'S FUNDS. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(4))

f) THE FACILITY SHALL PURCHASE A SURETY BOND TO GUARANTEE THE SECURITY OF RESIDENT'S FUNDS. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(5))

g) THE FACILITY SHALL KEEP ANY FUNDS RECEIVED FROM A RESIDENT FOR SAFEKEEPING IN AN ACCOUNT SEPARATE FROM THE FACILITY'S FUNDS, AND SHALL AT NO TIME WITHDRAW ANY PART OR ALL OF SUCH FUNDS FOR ANY PURPOSE OTHER THAN TO RETURN THE FUNDS TO THE RESIDENT UPON THE REQUEST OF THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH REQUEST, TO PAY THE RESIDENT HIS ALLOWANCE, OR TO MAKE ANY OTHER PAYMENT AUTHORIZED BY THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH AUTHORIZATION. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(6))

## Section 390.3260 (continued)

h) THE FACILITY SHALL DEPOSIT ANY FUNDS RECEIVED FROM A RESIDENT IN EXCESS OF \$100 IN AN INTEREST BEARING ACCOUNT INSURED BY AGENCIES OF, OR CORPORATIONS CHARTERED BY, THE STATE OR FEDERAL GOVERNMENT. THE ACCOUNT SHALL BE IN A FORM WHICH CLEARLY INDICATES THAT THE FACILITY HAS ONLY A FIDUCIARY INTEREST IN THE FUNDS AND ANY INTEREST FROM THE ACCOUNT SHALL ACCRUE TO THE RESIDENT. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

i) THE FACILITY MAY KEEP UP TO \$100 OF A RESIDENT'S MONEY IN A NON-INTEREST BEARING ACCOUNT OR PETTY CASH FUND, TO BE READILY AVAILABLE FOR THE RESIDENT'S CURRENT EXPENDITURES. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

j) THE FACILITY SHALL RETURN TO THE RESIDENT, OR THE PERSON WHO EXECUTED THE WRITTEN AUTHORIZATION REQUIRED IN SUBSECTION (c) OF THIS SECTION, UPON WRITTEN REQUEST, ALL OR ANY PART OF THE RESIDENT'S FUNDS GIVEN THE FACILITY FOR SAFEKEEPING, INCLUDING THE INTEREST ACCRUED FROM DEPOSITS. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(8))

k) THE FACILITY SHALL PLACE ANY MONTHLY ALLOWANCE TO WHICH A RESIDENT IS ENTITLED IN THAT RESIDENT'S PERSONAL ACCOUNT, OR GIVE IT TO THE RESIDENT, UNLESS THE FACILITY HAS WRITTEN AUTHORIZATION FROM THE RESIDENT OR THE RESIDENT'S GUARDIAN, OR IF THE RESIDENT IS A MINOR, HIS PARENT, TO HANDLE IT DIFFERENTLY. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(9))

l) UNLESS OTHERWISE PROVIDED BY STATE LAW, THE FACILITY SHALL UPON THE DEATH OF A RESIDENT PROVIDE THE EXECUTOR OR ADMINISTRATOR OF THE RESIDENT'S ESTATE WITH A COMPLETE ACCOUNTING OF ALL THE RESIDENT'S PERSONAL PROPERTY, INCLUDING ANY FUNDS OF THE RESIDENT BEING HELD BY THE FACILITY. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(10))

m) IF AN ADULT RESIDENT IS INCAPABLE OF MANAGING HIS FUNDS AND DOES NOT HAVE A RESIDENT'S REPRESENTATIVE, GUARDIAN, OR AN IMMEDIATE FAMILY MEMBER THE FACILITY SHALL NOTIFY THE OFFICE OF THE STATE GUARDIAN OF THE GUARDIANSHIP AND ADVOCACY COMMISSION. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(11))

n) IF THE FACILITY IS SOLD, THE SELLER SHALL PROVIDE THE BUYER WITH A WRITTEN VERIFICATION BY A PUBLIC ACCOUNTANT OF ALL RESIDENTS' MONIES AND PROPERTIES BEING TRANSFERRED, AND OBTAIN A SIGNED RECEIPT FROM



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Section 390.3260(n) (continued)

THE NEW OWNER. ~~(G)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(12))

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.3270 Residents' Advisory Council  
EMERGENCY

Each resident shall have the right to participate in a residents' advisory council as indicated in Section 390.650. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.3280 Contract With Facility  
EMERGENCY

Each resident shall have the right to contract with the facility as indicated in Section 390.640. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

Section 390.3290 Private Right of Action  
EMERGENCY

- a) Each resident shall have the right to maintain a private right of action against a facility as described in subsections (b) through (i) below.
- b) THE OWNER AND LICENSEE OF A FACILITY ARE LIABLE TO A RESIDENT FOR ANY INTENTIONAL OR NEGLIGENT ACT OR OMISSION OF THEIR AGENTS OR EMPLOYEES WHICH INJURES THE RESIDENT.
- c) THE LICENSEE SHALL PAY 3 TIMES THE ACTUAL DAMAGES, OR \$500, WHICHEVER IS GREATER, AND COSTS AND ATTORNEY'S FEES TO A FACILITY RESIDENT WHOSE RIGHTS AS SPECIFIED IN PART I OF ARTICLE II OF THE ACT ARE VIOLATED.
- d) A RESIDENT MAY MAINTAIN AN ACTION UNDER THIS ACT AND THIS PART FOR ANY OTHER TYPE OF RELIEF, INCLUDING INJUNCTIVE AND DECLARATORY

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Section 390.3290(d) (continued)

RELIEF, PERMITTED BY LAW.

- e) ANY DAMAGES RECOVERABLE UNDER SUBSECTIONS (b) THROUGH (i) OF THIS SECTION, INCLUDING MINIMUM DAMAGES AS PROVIDED BY THIS PART, MAY BE RECOVERED IN ANY ACTION WHICH A COURT MAY AUTHORIZE TO BE BROUGHT AS A CLASS ACTION PURSUANT TO THE CIVIL PRACTICE ACT (111. Rev. Stat. 1983, ch. 110, pars. 2-101 et seq.). THE REMEDIES PROVIDED IN SUBSECTIONS (b) THROUGH (i) OF THIS SECTION ARE IN ADDITION TO AND CUMULATIVE WITH ANY OTHER LEGAL REMEDIES AVAILABLE TO A RESIDENT. EXHAUSTION OF ANY AVAILABLE ADMINISTRATIVE REMEDIES SHALL NOT BE REQUIRED PRIOR TO COMMENCEMENT OF A SUIT HEREUNDER.

- f) THE AMOUNT OF DAMAGES RECOVERED BY A RESIDENT IN AN ACTION BROUGHT UNDER SUBSECTIONS (b) THROUGH (i) OF THIS SECTION SHALL BE EXEMPT FOR PURPOSES OF DETERMINING INITIAL OR CONTINUING ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER "THE ILLINOIS PUBLIC AID CODE" (111. Rev. Stat. 1983, ch. 23, pars. 1-1 et seq.), AS NOW OR HEREAFTER AMENDED, AND SHALL NEITHER BE TAKEN INTO CONSIDERATION NOR REQUIRED TO BE APPLIED TOWARD THE PAYMENT OR PARTIAL PAYMENT OF THE COST OF MEDICAL CARE OR SERVICES AVAILABLE UNDER "THE ILLINOIS PUBLIC AID CODE."

- g) ANY WAIVER BY A RESIDENT OR HIS LEGAL REPRESENTATIVE OF THE RIGHT TO COMMENCE AN ACTION UNDER SUBSECTIONS (b) THROUGH (i) OF THIS SECTION, WHETHER ORAL OR IN WRITING, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

- h) ANY PARTY TO AN ACTION BROUGHT UNDER SUBSECTIONS (b) THROUGH (i) OF THIS SECTION SHALL BE ENTITLED TO A TRIAL BY JURY AND ANY WAIVER OF THE RIGHT TO A TRIAL BY JURY, WHETHER ORAL OR IN WRITING, PRIOR TO THE COMMENCEMENT OF AN ACTION, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

- i) A LICENSEE OR ITS AGENTS OR EMPLOYEES SHALL NOT TRANSFER, DISCHARGE, EVICT, HARASS, DISMISS, OR RETALIATE AGAINST A RESIDENT, A RESIDENT'S REPRESENTATIVE, OR AN EMPLOYEE OR AGENT WHO MAKES A REPORT OF RESIDENT ABUSE OR NEGLIGENCE, BRINGS OR TESTIFIES IN A PRIVATE RIGHT OF ACTION, OR FILES A COMPLAINT, BECAUSE OF THE SUCH ACTION OR TESTIMONY. (B-~~G~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)

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Section 390.3300 Transfer and/or Discharge

EMERGENCY

- a) A RESIDENT MAY BE VOLUNTARILY DISCHARGED FROM A FACILITY AFTER HE GIVES THE ADMINISTRATOR, A PHYSICIAN, OR A NURSE OF THE FACILITY WRITTEN NOTICE OF HIS DESIRE TO BE DISCHARGED. IF A GUARDIAN HAS BEEN APPOINTED FOR A RESIDENT OR IF THE RESIDENT IS A MINOR, THE RESIDENT SHALL BE DISCHARGED UPON WRITTEN CONSENT OF HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT UNLESS THERE IS A COURT ORDER TO THE CONTRARY. IN SUCH CASES, UPON THE RESIDENT'S DISCHARGE, THE FACILITY IS RELIEVED FROM ANY RESPONSIBILITY FOR THE RESIDENT'S CARE, SAFETY OR WELL-BEING. -(C)- (111. Rev. Stat. 1985, ch. 111 1/2, par. 4152-111)

- b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsections (c) through (y) of this Section.

c) Reasons for Transfer or Discharge

- 1) A FACILITY MAY INVOLUNTARY TRANSFER OR DISCHARGE A RESIDENT ONLY FOR ONE OR MORE OF THE FOLLOWING REASONS: ~~SHALL NOT INVOLUNTARILY TRANSFER OR DISCHARGE A RESIDENT EXCEPT-~~

- A) FOR MEDICAL REASONS. ~~+~~
- B) FOR THE RESIDENT'S PHYSICAL SAFETY. ~~OR-~~
- C) FOR THE PHYSICAL SAFETY OF OTHER RESIDENTS, THE FACILITY STAFF OR FACILITY VISITORS. ~~+~~ ~~OR-~~
- D) FOR EITHER LATE PAYMENT OR NONPAYMENT FOR THE RESIDENT'S STAY, EXCEPT AS PROHIBITED BY TITLE XVIII AND XIX OF THE FEDERAL SOCIAL SECURITY ACT. FOR PURPOSES OF THIS SECTION, "LATE PAYMENT" MEANS NON-RECEIPT OF PAYMENT AFTER SUBMISSION OF A BILL. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS AFTER SUBMISSION OF A BILL, THE FACILITY MAY SEND A NOTICE TO THE RESIDENT AND RESPONSIBLE PARTY REQUESTING PAYMENT WITHIN 30 DAYS. IF PAYMENT IS NOT RECEIVED WITHIN SUCH 30 DAYS, THE FACILITY MAY THEREUPON INSTITUTE TRANSFER OR DISCHARGE PROCEEDINGS BY SENDING A NOTICE OF TRANSFER OR DISCHARGE TO THE RESIDENT AND RESPONSIBLE PARTY BY REGISTERED OR CERTIFIED MAIL. THE NOTICE SHALL STATE, IN ADDITION TO THE REQUIREMENTS OF SECTION 3-403 OF THE ACT and subsection (e) of this Section, THAT THE RESPONSIBLE PARTY HAS THE RIGHT TO PAY THE AMOUNT OF THE BILL IN FULL UP TO THE DATE THE TRANSFER OR DISCHARGE IS TO BE MADE AND

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Section 390.3300(c)(1)(D) (continued)

THEN THE RESIDENT SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. SUCH PAYMENT SHALL TERMINATE THE TRANSFER OR DISCHARGE PROCEEDINGS. THIS SUBSECTION DOES NOT APPLY TO THOSE RESIDENTS WHOSE CARE IS PROVIDED UNDER THE ILLINOIS PUBLIC AID CODE. (B-6-) (111. Rev. Stat. 1987-1985, ch. 111 1/2, par. 4153-401)

2) Prohibition of Discrimination

- ~~1) A)~~ A FACILITY PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM IS PROHIBITED FROM FAILING OR REFUSING TO RETAIN AS A RESIDENT ANY PERSON BECAUSE THE RESIDENT IS A RECIPIENT OF OR AN APPLICANT FOR THE MEDICAL ASSISTANCE PROGRAM. FOR THE PURPOSES OF THIS SECTION, A RECIPIENT OR APPLICANT SHALL BE CONSIDERED A RESIDENT IN THE FACILITY DURING ANY HOSPITAL STAY TOTALING TEN DAYS OR LESS FOLLOWING A HOSPITAL ADMISSION. The day on which a resident is discharged from the facility and admitted to the hospital shall be considered the first day of the ten-day period. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(a)).

~~2) B)~~

A FACILITY WHICH VIOLATES SUBSECTION (c)(2)(A) ~~(1)~~ OF THIS SECTION SHALL BE GUILTY OF A BUSINESS OFFENSE AND FINED NOT LESS THAN \$500 NOR MORE THAN \$1,000 FOR THE FIRST OFFENSE AND NOT LESS THAN \$1,000 NOR MORE THAN \$5,000 FOR EACH SUBSEQUENT OFFENSE. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(b))

- d) INVOLUNTARY TRANSFER OR DISCHARGE OF A RESIDENT FROM A FACILITY SHALL BE PRECEDED BY THE DISCUSSION REQUIRED UNDER SUBSECTION (3) OF THIS SECTION AND BY A MINIMUM WRITTEN NOTICE OF 21 DAYS. THE 21-DAY REQUIREMENT SHALL NOT APPLY IN ANY OF THE FOLLOWING INSTANCES:

- 1) WHEN AN EMERGENCY TRANSFER OR DISCHARGE IS MANDATED BY THE RESIDENT'S HEALTH CARE NEEDS AND IS IN ACCORD WITH THE WRITTEN ORDERS AND MEDICAL JUSTIFICATION OF THE ATTENDING PHYSICIAN; (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(a))
- 2) WHEN THE TRANSFER OR DISCHARGE IS MANDATED BY THE PHYSICAL SAFETY OF OTHER RESIDENTS AS DOCUMENTED IN THE CLINICAL RECORD. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(b))

- e) THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE ON A FORM PRESCRIBED BY THE DEPARTMENT AND SHALL CONTAIN ALL OF THE FOLLOWING:



Section 390.3300(e) (continued)

- 1) THE STATED REASON FOR THE PROPOSED TRANSFER OR DISCHARGE;  
~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(a))
- 2) THE EFFECTIVE DATE OF THE PROPOSED TRANSFER OR DISCHARGE;  
~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(b))
- 3) A STATEMENT IN NOT LESS THAN 12-POINT TYPE, WHICH READS: "YOU HAVE A RIGHT TO APPEAL THE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK YOU SHOULD NOT HAVE TO LEAVE THIS FACILITY, YOU MAY FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT OF PUBLIC HEALTH WITHIN 10 DAYS AFTER RECEIVING THIS NOTICE. IF YOU REQUEST A HEARING, IT WILL BE HELD NOT LATER THAN TEN (10) DAYS AFTER YOUR REQUEST, AND YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED DURING THAT TIME. IF THE DECISION FOLLOWING THE HEARING IS NOT IN YOUR FAVOR, YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED PRIOR TO THE EXPIRATION OF 30 DAYS FOLLOWING RECEIPT OF THE ORIGINAL NOTICE OF THE TRANSFER OR DISCHARGE. A FORM TO APPEAL THE FACILITY'S DECISION AND TO REQUEST A HEARING IS ATTACHED. IF YOU HAVE ANY QUESTIONS, CALL THE DEPARTMENT OF PUBLIC HEALTH AT THE TELEPHONE NUMBER LISTED BELOW," ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(c))
- 4) A HEARING REQUEST FORM, TOGETHER WITH A POSTAGE PAID, PREADDRESSED ENVELOPE TO THE DEPARTMENT; AND ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(d))
- 5) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON CHARGED WITH THE RESPONSIBILITY OF SUPERVISING THE TRANSFER OR DISCHARGE. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(e))
- f) A REQUEST FOR A HEARING MADE UNDER SUBSECTION (e) OF THIS SECTION SHALL STAY A TRANSFER PENDING A HEARING OR APPEAL OF THE DECISION, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-404)
- g) A COPY OF THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE PLACED IN THE RESIDENT'S CLINICAL RECORD AND A COPY SHALL BE TRANSMITTED TO THE DEPARTMENT. THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, AND, IF THE RESIDENT'S CARE IS PAID FOR IN WHOLE OR PART THROUGH TITLE XIX, TO THE DEPARTMENT OF PUBLIC AID. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-405)

Section 390.3300 (continued)

- h) WHEN THE BASIS FOR AN INVOLUNTARY TRANSFER OR DISCHARGE IS THE RESULT OF AN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO A RECIPIENT OF TITLE XIX AND A HEARING REQUEST IS FILED WITH THE DEPARTMENT OF PUBLIC AID, THE 21-DAY WRITTEN NOTICE PERIOD SHALL NOT BEGIN UNTIL A FINAL DECISION IN THE MATTER IS RENDERED BY THE DEPARTMENT OF PUBLIC AID OR A COURT OF COMPETENT JURISDICTION AND NOTICE OF THAT FINAL DECISION IS RECEIVED BY THE RESIDENT AND THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-406)
- i) WHEN NONPAYMENT IS THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE, THE RESIDENT SHALL HAVE THE RIGHT TO REDEEM UP TO THE DATE THAT THE DISCHARGE OR TRANSFER IS TO BE MADE AND THEN SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-407)
- j) THE PLANNED INVOLUNTARY TRANSFER OR DISCHARGE SHALL BE DISCUSSED WITH THE RESIDENT, THE RESIDENT'S REPRESENTATIVE AND PERSON OR AGENCY RESPONSIBLE FOR THE RESIDENT'S PLACEMENT, MAINTENANCE, AND CARE IN THE FACILITY. THE EXPLANATION AND DISCUSSION OF THE REASONS FOR INVOLUNTARY TRANSFER OR DISCHARGE SHALL INCLUDE THE FACILITY ADMINISTRATOR'S DESIGNEE. THE CONTENT OF THE DISCUSSION AND EXPLANATION SHALL BE SUMMARIZED IN WRITING AND SHALL INCLUDE THE NAMES OF THE INDIVIDUALS INVOLVED IN THE DISCUSSIONS AND MADE A PART OF THE RESIDENT'S CLINICAL RECORD. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-408)
- k) THE FACILITY SHALL OFFER THE RESIDENT COUNSELING SERVICES BEFORE THE TRANSFER OR DISCHARGE OF THE RESIDENT. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-409)
- l) A RESIDENT SUBJECT TO INVOLUNTARY TRANSFER OR DISCHARGE FROM A FACILITY, THE RESIDENT'S GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT SHALL HAVE THE OPPORTUNITY TO FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING RECEIPT OF THE WRITTEN NOTICE OF THE INVOLUNTARY TRANSFER OR DISCHARGE BY THE FACILITY. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-410)
- m) THE DEPARTMENT OF PUBLIC HEALTH, WHEN THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE IS OTHER THAN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO THE TITLE XIX MEDICAID RECIPIENT, SHALL HOLD A HEARING AT THE RESIDENT'S FACILITY NOT LATER THAN TEN (10) DAYS AFTER A HEARING REQUEST IS FILED, AND RENDER A DECISION WITHIN 14 DAYS AFTER THE FILING OF THE HEARING REQUEST. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-411)

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## Section 390.3300 (continued)

n) THE HEARING BEFORE THE DEPARTMENT PROVIDED UNDER SUBSECTION (m) OF THIS SECTION SHALL BE CONDUCTED AS DESCRIBED UNDER SECTIONS 3-703 THRU 3-712 OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703 through 4153-712). IN DETERMINING WHETHER A TRANSFER OR DISCHARGE IS AUTHORIZED, THE BURDEN OF PROOF IN THIS HEARING RESTS ON THE PERSON REQUESTING THE TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-412)

o) IF THE DEPARTMENT DETERMINES THAT A TRANSFER OR DISCHARGE IS AUTHORIZED UNDER SUBSECTION (c) OF THIS SECTION, THE RESIDENT SHALL NOT BE REQUIRED TO LEAVE THE FACILITY BEFORE THE 34th DAY FOLLOWING RECEIPT OF THE NOTICE REQUIRED UNDER SUBSECTION (d) OF THIS SECTION, OR THE 10th DAY FOLLOWING RECEIPT OF THE DEPARTMENT'S DECISION, WHICHEVER IS LATER, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. (B-, C-) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-413)

p) THE DEPARTMENT OF PUBLIC AID SHALL CONTINUE TITLE XIX MEDICAID FUNDING DURING THE APPEAL, TRANSFER, OR DISCHARGE PERIOD FOR THOSE RESIDENTS WHO ARE TITLE XIX RECIPIENTS AFFECTED BY SUBSECTION (c) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-414)

q) THE DEPARTMENT MAY TRANSFER OR DISCHARGE ANY RESIDENT FROM ANY FACILITY REQUIRED TO BE LICENSED UNDER THIS ACT WHEN ANY OF THE FOLLOWING CONDITIONS EXIST:

- 1) SUCH FACILITY IS OPERATING WITHOUT A LICENSE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(a))
- 2) THE DEPARTMENT HAS SUSPENDED, REVOKED OR REFUSED TO RENEW THE LICENSE OF THE FACILITY AS PROVIDED UNDER SECTION 3-119 OF THE ACT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(b))
- 3) THE FACILITY HAS REQUESTED THE AID OF THE DEPARTMENT IN THE TRANSFER OR DISCHARGE OF THE RESIDENT AND THE DEPARTMENT FINDS THAT THE RESIDENT CONSENTS TO TRANSFER OR DISCHARGE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(c))
- 4) THE FACILITY IS CLOSING OR INTENDS TO CLOSE AND ADEQUATE ARRANGEMENT FOR RELOCATION OF THE RESIDENT HAS NOT BEEN MADE AT LEAST 30 DAYS PRIOR TO CLOSURE; OR (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(d))
- 5) THE DEPARTMENT DETERMINES THAT AN EMERGENCY EXISTS WHICH

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.3300(q)(5) (continued)

REQUIRES IMMEDIATE TRANSFER OR DISCHARGE OF THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(e))

r) IN DECIDING TO TRANSFER OR DISCHARGE A RESIDENT FROM A FACILITY UNDER SUBSECTION (q) OF THIS SECTION, THE DEPARTMENT SHALL CONSIDER THE LIKELIHOOD OF SERIOUS HARM WHICH MAY RESULT IF THE RESIDENT REMAINS IN THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-416)

s) THE DEPARTMENT SHALL OFFER TRANSFER OR DISCHARGE AND RELOCATION ASSISTANCE TO RESIDENTS TRANSFERRED OR DISCHARGED UNDER SUBSECTIONS (c) THROUGH (q) OF THIS SECTION INCLUDING INFORMATION ON AVAILABLE ALTERNATIVE PLACEMENTS. RESIDENTS SHALL BE INVOLVED IN PLANNING THE TRANSFER OR DISCHARGE AND SHALL CHOOSE AMONG THE AVAILABLE ALTERNATIVE PLACEMENTS, EXCEPT THAT WHERE AN EMERGENCY MAKES PRIOR RESIDENT INVOLVEMENT IMPOSSIBLE, THE DEPARTMENT MAY MAKE A TEMPORARY PLACEMENT UNTIL A FINAL PLACEMENT CAN BE ARRANGED. RESIDENTS MAY CHOOSE THEIR FINAL ALTERNATIVE PLACEMENT AND SHALL BE GIVEN ASSISTANCE IN TRANSFERRING TO SUCH PLACE. NO RESIDENT MAY BE FORCED TO REMAIN IN A TEMPORARY OR PERMANENT PLACEMENT WHERE THE DEPARTMENT MAKES OR PARTICIPATES IN MAKING THE RELOCATION DECISION. CONSIDERATION SHALL BE GIVEN TO PROXIMITY TO THE RESIDENT'S RELATIVES AND FRIENDS. THE RESIDENT SHALL BE ALLOWED 3 VISITS TO POTENTIAL ALTERNATIVE PLACEMENTS PRIOR TO REMOVAL, EXCEPT WHERE MEDICALLY CONTRAINDICATED OR WHERE THE NEED FOR IMMEDIATE TRANSFER OR DISCHARGE REQUIRES REDUCTION IN THE NUMBER OF VISITS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-417)

t) THE DEPARTMENT SHALL PREPARE RESIDENT TRANSFER OR DISCHARGE PLANS TO ASSURE SAFE AND ORDERLY REMOVALS AND PROTECT RESIDENTS' HEALTH, SAFETY, WELFARE AND RIGHTS. IN NONEMERGENCIES AND WHERE POSSIBLE IN EMERGENCIES, THE DEPARTMENT SHALL DESIGN AND IMPLEMENT SUCH PLANS IN ADVANCE OF TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-418)

u) THE DEPARTMENT MAY PLACE RELOCATION TEAMS IN ANY FACILITY FROM WHICH RESIDENTS ARE BEING DISCHARGED OR TRANSFERRED FOR ANY REASON, FOR THE PURPOSE OF IMPLEMENTING TRANSFER OR DISCHARGE PLANS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-419)

v) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTIONS (q) THROUGH (t) OF THIS SECTION THE DEPARTMENT SHALL:

- 1) PROVIDE WRITTEN NOTICE TO THE FACILITY PRIOR TO THE TRANSFER OR DISCHARGE. THE NOTICE SHALL STATE THE BASIS FOR THE ORDER OF TRANSFER OR DISCHARGE AND SHALL INFORM THE FACILITY OF ITS RIGHT



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.3300(v)(1) (continued)

TO AN INFORMAL CONFERENCE PRIOR TO TRANSFER OR DISCHARGE UNDER THIS SECTION, AND ITS RIGHT TO A SUBSEQUENT HEARING UNDER SUBSECTION (x) OF THIS SECTION. IF A FACILITY DESIRES TO CONTEST A NONEMERGENCY TRANSFER OR DISCHARGE, PRIOR TO TRANSFER OR DISCHARGE IT SHALL, WITHIN FOUR (4) WORKING DAYS AFTER RECEIPT OF THE NOTICE, SEND A WRITTEN REQUEST FOR AN INFORMAL CONFERENCE TO THE DEPARTMENT. THE DEPARTMENT SHALL, WITHIN FOUR (4) WORKING DAYS FROM THE RECEIPT OF THE REQUEST, HOLD AN INFORMAL CONFERENCE IN THE COUNTY IN WHICH THE FACILITY IS LOCATED. FOLLOWING THIS CONFERENCE, THE DEPARTMENT MAY AFFIRM, MODIFY OR OVERRULE ITS PREVIOUS DECISION. EXCEPT IN AN EMERGENCY, TRANSFER OR DISCHARGE MAY NOT BEGIN UNTIL THE PERIOD FOR REQUESTING A CONFERENCE HAS PASSED OR, IF A CONFERENCE IS REQUESTED, UNTIL AFTER A CONFERENCE HAS BEEN HELD; AND (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(a))

- 2) PROVIDE WRITTEN NOTICE TO ANY RESIDENT TO BE REMOVED, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, PRIOR TO THE REMOVAL. THE NOTICE SHALL STATE THE REASON FOR WHICH TRANSFER OR DISCHARGE IS ORDERED AND SHALL INFORM THE RESIDENT OF THE RESIDENT'S RIGHT TO CHALLENGE THE TRANSFER OR DISCHARGE UNDER SUBSECTION (x) OF THIS SECTION. THE DEPARTMENT SHALL HOLD AN INFORMAL CONFERENCE WITH THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE PRIOR TO TRANSFER OR DISCHARGE AT WHICH THE RESIDENT OR THE REPRESENTATIVE MAY PRESENT ANY OBJECTIONS TO THE PROPOSED TRANSFER OR DISCHARGE PLAN OR ALTERNATIVE PLACEMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(b))

- w) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTION (q)(5) OF THIS SECTION, THE DEPARTMENT SHALL NOTIFY THE FACILITY AND ANY RESIDENT TO BE REMOVED THAT AN EMERGENCY HAS BEEN FOUND TO EXIST AND REMOVAL HAS BEEN ORDERED, AND SHALL INVOLVE THE RESIDENTS IN REMOVAL PLANNING IF POSSIBLE. FOLLOWING EMERGENCY REMOVAL, THE DEPARTMENT SHALL PROVIDE WRITTEN NOTICE TO THE FACILITY, TO THE RESIDENT, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, OF THE BASIS FOR THE FINDING THAT AN EMERGENCY EXISTED AND OF THE RIGHT TO CHALLENGE REMOVAL UNDER SUBSECTION (x) OF THIS SECTION. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-421)

- x) WITHIN 10 DAYS FOLLOWING TRANSFER OR DISCHARGE, THE FACILITY OR ANY RESIDENT TRANSFERRED OR DISCHARGED MAY SEND A WRITTEN REQUEST TO THE DEPARTMENT FOR A HEARING UNDER SECTION 3-703 OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703) TO CHALLENGE THE TRANSFER OR

## Section 390.3300(x) (continued)

DISCHARGE. THE DEPARTMENT SHALL HOLD THE HEARING WITHIN 30 DAYS OF RECEIPT OF THE REQUEST. WHERE A CHALLENGE IS BY A RESIDENT, THE HEARING SHALL BE HELD AT A LOCATION CONVENIENT TO THE RESIDENT. IF THE FACILITY PREVAILS, IT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" FOR PAYMENTS OF LESSER EXPENSES SAVED AS A RESULT OF THE TRANSFER OR DISCHARGE. NO RESIDENT TRANSFERRED OR DISCHARGED MAY BE HELD LIABLE FOR THE CHARGE FOR CARE WHICH WOULD HAVE BEEN HAD THE RESIDENT REMAINED IN THE FACILITY. IF A RESIDENT PREVAILS, THE RESIDENT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" (111. Rev. Stat. 1985, ch. 37, pars. 439.1 et seq.) FOR ANY EXCESS EXPENSES DIRECTLY CAUSED BY THE ORDER TO TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL ASSIST THE RESIDENT IN RETURNING TO THE FACILITY IF ASSISTANCE IS REQUESTED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-422)

- y) ANY OWNER OF A FACILITY LICENSED UNDER THIS ACT SHALL GIVE 90 DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN 10% OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENT WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE FACILITY SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT OF AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER SUBSECTION (u) OF THIS SECTION. (A, B--6) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-423)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24 1988, for a maximum of 150 days)

Section 390.3310 Complaint Procedures  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO PRESENT GRIEVANCES ON BEHALF OF HIMSELF AND OTHERS TO THE ADMINISTRATOR, THE LONG-TERM CARE FACILITY ADVISORY BOARD, THE RESIDENTS' ADVISORY COUNCIL, STATE GOVERNMENTAL AGENCIES OR OTHER PERSONS WITHOUT THREAT OF DISCHARGE OR REPRISAL.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.3310(a) (continued)

ANY FORM OR MANNER WHATSOEVER. ~~-(G)-~~

- b) THE FACILITY ADMINISTRATOR SHALL PROVIDE ALL RESIDENTS OR THEIR REPRESENTATIVES WITH THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE APPROPRIATE STATE GOVERNMENTAL OFFICE WHERE COMPLAINTS MAY BE LODGED. ~~-(G)-~~
- c) A PERSON WHO BELIEVES THAT THE ACT OR A RULE PROMULGATED UNDER THE ACT MAY HAVE BEEN VIOLATED MAY REQUEST AN INVESTIGATION. THE REQUEST MAY BE SUBMITTED TO THE DEPARTMENT IN WRITING, BY TELEPHONE, OR BY PERSONAL VISIT. AN ORAL COMPLAINT SHALL BE REDUCED TO WRITING BY THE DEPARTMENT.

d) THE SUBSTANCE OF THE COMPLAINT SHALL BE PROVIDED IN WRITING TO THE LICENSEE, OWENR OR ADMINISTRATOR NO EARLIER THAN AT THE COMMENCEMENT OF THE ON-SITE INSPECTION OF THE FACILITY WHICH TAKES PLACE PURSUANT TO THE COMPLAINT.

e) THE DEPARTMENT SHALL NOT DISCLOSE THE NAME OF THE COMPLAINANT UNLESS THE COMPLAINANT CONSENTS IN WRITING TO THE DISCLOSURE OR THE INVESTIGATION RESULTS IN A JUDICIAL PROCEEDING, OR UNLESS DISCLOSURE IS ESSENTIAL TO THE INVESTIGATION. THE COMPLAINANT SHALL BE GIVEN THE OPPORTUNITY TO WITHDRAW THE COMPLAINT BEFORE DISCLOSURE. UPON THE REQUEST OF THE COMPLAINANT, THE DEPARTMENT MAY PERMIT THE COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY.

f) UPON RECEIPT OF A COMPLAINT, THE DEPARTMENT SHALL DETERMINE WHETHER THE ACT OR A RULE PROMULGATED UNDER THE ACT HAS BEEN OR IS BEING VIOLATED. THE DEPARTMENT SHALL INVESTIGATE ALL COMPLAINTS ALLEGING ABUSE OR NEGLECT WITHIN 7 DAYS AFTER THE RECEIPT OF THE COMPLAINT EXCEPT THE COMPLAINTS OF ABUSE OR NEGLECT WHICH INDICATE THAT A RESIDENT'S LIFE OR SAFETY IS IN IMMINENT DANGER SHALL BE INVESTIGATED WITH 24 HOURS AFTER RECEIPT OF THE COMPLAINT. ALL OTHER COMPLAINTS SHALL BE INVESTIGATED WITHIN 30 DAYS AFTER THE RECEIPT OF THE COMPLAINT. ALL COMPLAINTS SHALL BE CLASSIFIED AS "VALID" OR "INVALID". FOR ANY COMPLAINT CLASSIFIED AS "INVALID", THE DEPARTMENT MUST DETERMINE WITHIN 30 WORKING DAYS IF ANY RULE OR PROVISION OF THIS ACT HAS BEEN OR IS BEING VIOLATED.

g) UPON THE REQUEST OF A RESIDENT OR COMPLAINANT, THE DEPARTMENT MAY PERMIT THE RESIDENT OR COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY PURSUANT TO THE COMPLAINT.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 390.3310 (continued)

h) IN ALL CASES, THE DEPARTMENT SHALL INFORM THE COMPLAINANT OF ITS FINDINGS WITHIN 10 DAYS OF ITS DETERMINATION UNLESS OTHERWISE INDICATED BY THE COMPLAINANT, AND THE COMPLAINANT MAY DIRECT THE DEPARTMENT TO SEND A COPY OF SUCH FINDINGS TO ANOTHER PERSON. THE DEPARTMENT'S FINDINGS MAY INCLUDE CONTENTS OR DOCUMENTATION PROVIDED BY EITHER THE COMPLAINANT OR THE LICENSEE PERTAINING TO THE COMPLAINT. THE DEPARTMENT SHALL ALSO NOTIFY THE FACILITY OF SUCH FINDINGS WITHIN 10 DAYS OF THE DETERMINATION, BUT THE NAME OF THE COMPLAINANT OR RESIDENTS SHALL NOT BE DISCLOSED IN THIS NOTICE TO THE FACILITY. THE NOTICE OF SUCH FINDINGS SHALL INCLUDE A COPY OF THE WRITTEN DETERMINATION; THE CORRECTION ORDER, IF ANY; THE INSPECTION REPORT; OR WARNING NOTICE, IF ANY; AND THE STATE LICENSEURE ON WHICH THE VIOLATION IS LISTED.

i) A WRITTEN DETERMINATION, CORRECTION ORDER, OR WARNING NOTICE CONCERNING A COMPLAINT SHALL BE AVAILABLE FOR PUBLIC INSPECTION, BUT THE NAME OF THE COMPLAINANT OR RESIDENT SHALL NOT BE DISCLOSED WITHOUT HIS CONSENT.

j) A COMPLAINANT WHO IS DISSATISFIED WITH THE DETERMINATION OR INVESTIGATION BY THE DEPARTMENT MAY REQUEST A HEARING UNDER SUBSECTION (k) BELOW. THE FACILITY SHALL BE GIVEN NOTICE OF ANY SUCH HEARING AND MAY PARTICIPATE IN THE HEARING AS A PARTY. IF A FACILITY REQUESTS A HEARING UNDER SUBSECTION (k) BELOW WHICH CONCERNS A MATTER COVERED BY A COMPLAINT, THE COMPLAINANT SHALL BE GIVEN WRITTEN NOTICE AND MAY PARTICIPATE IN THE HEARING AS A PARTY. A REQUEST FOR A HEARING BY EITHER A COMPLAINANT OR A FACILITY SHALL BE SUBMITTED IN WRITING TO THE DEPARTMENT WITHIN 30 DAYS AFTER THE MAILING OF THE DEPARTMENT'S FINDINGS AS DESCRIBED IN SUBSECTION (i) ABOVE. UPON RECEIPT OF THE REQUEST THE DEPARTMENT SHALL CONDUCT A HEARING AS PROVIDED UNDER SUBSECTION (i) ABOVE.

k) ANY PERSON AGGRIEVED BY A DECISION OF THE DEPARTMENT OR A FACILITY RENDERED IN A PARTICULAR CASE WHICH AFFECTS THE LEGAL RIGHTS, DUTIES OR PRIVILEGES CREATED UNDER THIS ACT MAY HAVE SUCH DECISION REVIEWED IN ACCORDANCE WITH SECTIONS 3-703 THRU 3-712 OF THE ACT.

l) WHEN THE DEPARTMENT FINDS THAT A PROVISION OF ARTICLE II OF THE ACT REGARDING RESIDENTS' RIGHTS HAS BEEN VIOLATED WITH REGARD TO A PARTICULAR RESIDENT, THE DEPARTMENT SHALL ISSUE AN ORDER REQUIRING THE FACILITY TO REIMBURSE THE RESIDENT FOR INJURIES INCURRED, OR \$100, WHICHEVER IS GREATER.

(Source: Emergency amendment at 12 Ill. Reg. 18243 effective October 24, 1988, for a maximum of 150 days)



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTSSection 390.3320 Confidentiality  
EMERGENCY

- a) THE DEPARTMENT, THE FACILITY AND ALL OTHER PUBLIC OR PRIVATE AGENCIES SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS REGULATION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.
- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL, OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. (B-~~G~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

Section 390.3330 Facility Implementation  
EMERGENCY

- a) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES TO IMPLEMENT THE RESPONSIBILITIES AND RIGHTS PROVIDED IN THIS SUBPART. THE POLICIES SHALL INCLUDE THE PROCEDURE FOR THE INVESTIGATION AND RESOLUTION OF RESIDENT COMPLAINTS UNDER THE ACT. THE POLICIES SHALL BE CLEAR AND UNAMBIGUOUS AND SHALL BE AVAILABLE FOR INSPECTION BY ANY PERSON. A SUMMARY OF THE POLICIES AND PROCEDURES, PRINTED IN NOT LESS THAN 12 POINT TYPE, SHALL BE DISTRIBUTED TO EACH RESIDENT AND REPRESENTATIVE. ~~(G)~~
- b) The facility shall provide copies of these policies and procedures upon request to next of kin, sponsoring agencies representative payees and the public. ~~(G)~~
- c) EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF THE RIGHTS AND RESPONSIBILITIES ENUMERATED IN PART I OF ARTICLE II OF THE ACT AT THE TIME OF ADMISSION TO A FACILITY OR AS SOON THEREAFTER AS THE CONDITION OF THE RESIDENT PERMITS, BUT IN NO EVENT LATER THAN 48 HOURS AFTER ADMISSION. IF A RESIDENT IS UNABLE TO READ SUCH WRITTEN SUMMARY, IT SHALL BE READ TO THE RESIDENT IN A LANGUAGE THE RESIDENT UNDERSTANDS. IN THE CASE OF A MINOR OR A PERSON HAVING A GUARDIAN, BOTH THE RESIDENT AND THE PARENT OR GUARDIAN SHALL BE FULLY INFORMED OF THESE RIGHTS AND RESPONSIBILITIES. ~~(G)~~
- d) The resident, resident's representative, guardian, or parent of a minor resident shall acknowledge in writing the receipt from the

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

## Section 390.3330(d) (continued)

- facility of a copy of all resident rights set forth in this Subpart and a copy of all facility policies implementing such rights. ~~(G)~~
- e) THE FACILITY SHALL ENSURE THAT ITS STAFF IS FAMILIAR WITH AND OBSERVES THE RIGHTS AND RESPONSIBILITIES ENUMERATED IN THE ACT AND THIS PART. (B-~~G~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

**Heading of Part:**  
Minimum Standards Classification and Licensure of Skilled Nursing Facilities and Intermediate Care Facilities

7; III. Adm. Code 300

Emergency Action:

300.110,	300.120,	300.130,	300.150,
300.160,	300.200,	300.210,	300.220,
300.230,	300.250,	300.272,	300.274,
300.276			
300.277			
300.278,	300.292,	300.284,	300.290,
300.300,	300.330,	300.510,	300.610,
300.620,	300.530,	300.640,	300.650,
300.660,	300.670,	300.680,	300.690,
300.810,	300.820,	300.830,	300.1010,
300.1020,	300.1040,	300.1050,	300.1210,
300.1220,	300.1410,	300.1420,	300.1430,
300.1610,	300.1620,	300.1630,	300.1640,-
300.1650,	300.1810,	300.1820,	300.1830,
300.1840,	300.1860,	300.1870,	300.1880,
300.2010,	300.2020,	300.2030,	300.2040,
300.2060,	300.2070,	300.2080,	300.2090,
300.2110,	300.2210,	300.2220,	300.2230,
300.2410,	300.2420,	300.2430,	300.2610,
300.2620,	300.2630,	300.2640,	300.2810,
300.2820,	300.2830,	300.2840,	300.2850,
300.2960,	300.2970,	300.2880,	300.2890,
300.3000,	300.2910,	300.2920,	300.2930,
300.3020,	300.3010,	300.3020,	300.3030,
300.3040,	300.3050,	300.3060,	300.3070,
300.3080,	300.3090,	300.3100,	300.3110,
300.3120,	300.3130,	300.3140,	300.3210,
300.3200,	300.3230,	300.3240,	300.3250,
300.3260,	300.3270,	300.3280,	300.3290,
300.3300,	300.3310,	300.3320,	300.3330,

[illegible]

Nursing Home Care Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4151-101 et seq.), as amended by Public Acts 85-1378 and 85-1183.

## October 24, 1988

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:

Not applicable.

7) Date Filed in Agency's Principal Office:

October 24, 1988

8) Reason for Emergency:

These emergency amendments are needed to implement recently-enacted legislation. The Department believes that the immediate effective dates upon the legislation indicate that the Illinois General Assembly intends for these amendments to be implemented without delay.

9) A Complete Description of the Subjects and Issues Involved:

The most significant changes are included in Public Act 95-1378 (Senate Bill 2201), which took effect on September 1, 1988. This legislation amends the Nursing Home Care Act to eliminate the lowest level of violations, level "C" violations. This level of violations is replaced with a procedure for the issuance of administrative warnings. Facilities will not be required to submit a plan of correction in response to an administrative warning, but will be responsible for correction of the condition.

To implement this change, the Department is taking the following actions in these emergency amendments:

1. Deleting all of the current designations of level "C" violations from the entire text of the rules.
2. Expanding the provisions in Section 300.272 concerning the determination to issue a notice of violation to also include administrative warnings.
3. Eliminating the language concerning level "C" violations in Section 300.274 which concerns the determination of the level of a violation.
4. Adding a new Section 300.277 to provide procedures for the issuance of administrative warnings.



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

5. Eliminating the provisions concerning the assessment of penalties for ten or more uncorrected level "C" violations from Section 300.282(e).
  6. Adding a definition of "administrative warning" and deleting the definition of "type C violation" in Section 300.330.
- Additional statutory changes included in Public Act 85-1378, and changes included in Public Act 85-1183 (House Bill 4172), which took effect on August 13, 1988, are also being implemented in these emergency amendments. These changes include amendments to provisions concerning:
1. Submission of ownership information [Section 300.250(a)].
  2. Contents of the quarterly list of facilities against which the Department is taking some action [Section 300.290(a)].
  3. Basis and procedures for involuntary transfer or discharge [Section 300.3300(c)].
  4. Procedure for hearings requested by persons who file complaints against a facility [Section 300.3310(j)].

The Department believes that there will be little, if any, economic effect of these emergency amendments on the regulated public. The elimination of level "c" violations could reduce the costs of compliance with these rules by regulated facilities. The Department of Public Health may also experience some cost savings from this change.

Amendments which include these emergency changes are also being proposed for permanent adoption by the Department. The Department anticipates that the amendments will be adopted prior to the expiration of these emergency amendments.

10) Are there any Proposed Amendments Pending to this Part? Yes.

Sections	Proposed Action	Ill. Reg. Citation
300.620	Amendments	12 Ill. Reg. 13581 (August 19, 1988)
300.1020	Amendments	12 Ill. Reg. 13581 (August 19, 1988)
300.1030	Amendments	12 Ill. Reg. 13581 (August 19, 1988)

11) Statement of Statewide Policy Objectives:

This rulemaking does not affect local governmental units.

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

12) Information and Questions regarding these Emergency Amendments shall be directed to:

Mr. Robert John Kane  
Division of Governmental Affairs  
Illinois Department of Public Health  
525 West Jefferson, Second Floor  
Springfield, Illinois 62761  
Telephone: (217) 792-6187

The full text of the Emergency Amendments begins on the next page.

## ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300  
MINIMUM STANDARDS  
CLASSIFICATION AND LICENSURE OF SKILLED NURSING  
FACILITIES AND INTERMEDIATE CARE FACILITIES

SUBPART A: GENERAL PROVISIONS

Section	
300.110	EMERGENCY
300.120	EMERGENCY
300.130	EMERGENCY
300.140	EMERGENCY
300.150	EMERGENCY
300.160	EMERGENCY
300.165	EMERGENCY
300.170	EMERGENCY
300.175	EMERGENCY
300.180	EMERGENCY
300.190	EMERGENCY
300.200	EMERGENCY
300.210	EMERGENCY
300.220	EMERGENCY
300.230	EMERGENCY
300.240	EMERGENCY
300.250	EMERGENCY
300.260	EMERGENCY
300.270	EMERGENCY
300.272	EMERGENCY
300.274	EMERGENCY
300.276	EMERGENCY
300.278	EMERGENCY
300.280	EMERGENCY
300.282	EMERGENCY
300.284	EMERGENCY
300.286	EMERGENCY
300.288	EMERGENCY
300.290	EMERGENCY
300.300	EMERGENCY
300.310	EMERGENCY
300.320	EMERGENCY
300.330	EMERGENCY
300.340	EMERGENCY
300.350	EMERGENCY
300.360	EMERGENCY
300.370	EMERGENCY
300.380	EMERGENCY
300.390	EMERGENCY
300.400	EMERGENCY
300.410	EMERGENCY
300.420	EMERGENCY
300.430	EMERGENCY
300.440	EMERGENCY
300.450	EMERGENCY
300.460	EMERGENCY
300.470	EMERGENCY
300.480	EMERGENCY
300.490	EMERGENCY
300.500	EMERGENCY
300.510	EMERGENCY
300.520	EMERGENCY
300.530	EMERGENCY
300.540	EMERGENCY
300.550	EMERGENCY
300.560	EMERGENCY
300.570	EMERGENCY
300.580	EMERGENCY
300.590	EMERGENCY
300.600	EMERGENCY
300.610	EMERGENCY
300.620	EMERGENCY
300.630	EMERGENCY
300.640	EMERGENCY
300.650	EMERGENCY
300.660	EMERGENCY
300.670	EMERGENCY
300.680	EMERGENCY
300.690	EMERGENCY
300.700	EMERGENCY
300.710	EMERGENCY
300.720	EMERGENCY
300.730	EMERGENCY
300.740	EMERGENCY
300.750	EMERGENCY
300.760	EMERGENCY
300.770	EMERGENCY
300.780	EMERGENCY
300.790	EMERGENCY
300.800	EMERGENCY
300.810	EMERGENCY
300.820	EMERGENCY
300.830	EMERGENCY
300.840	EMERGENCY
300.850	EMERGENCY
300.860	EMERGENCY
300.870	EMERGENCY
300.880	EMERGENCY
300.890	EMERGENCY
300.900	EMERGENCY
300.910	EMERGENCY
300.920	EMERGENCY
300.930	EMERGENCY
300.940	EMERGENCY
300.950	EMERGENCY
300.960	EMERGENCY
300.970	EMERGENCY
300.980	EMERGENCY
300.990	EMERGENCY
300.1000	EMERGENCY

## ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

Administrative Warning

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Reports of Correction

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Waivers

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EMERGENCY

SUBPART C: POLICIES

Resident Care Policies

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EMERGENCY

Admission and Discharge Policies

300.620  
EMERGENCY

Contract Between Resident and Facility

300.630  
EMERGENCY

Residents' Advisory Council

300.640  
EMERGENCY

Personnel Policies

300.650  
EMERGENCY

Basic Nursing Assistant Training Program

300.660  
EMERGENCY

Disaster Preparedness

300.670  
EMERGENCY

Restraints and Safety Devices

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EMERGENCY

Serious Incidents and Accidents

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EMERGENCY



## DEPARTMENT OF PUBLIC HEALTH

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## NOTICE OF EMERGENCY AMENDMENTS

## NOTICE OF EMERGENCY AMENDMENTS

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## General

300.810  
EMERGENCY  
300.820  
EMERGENCY  
300.830  
EMERGENCY  
300.840

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## Personnel Policies

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EMERGENCY  
300.1030  
EMERGENCY  
300.1040  
EMERGENCY  
300.1050  
EMERGENCY

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Behavior Emergencies

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EMERGENCY  
300.1230  
EMERGENCY  
300.1240

Director of Nursing Service-Health Services Supervisor and  
Assistant Director of Nursing Service-Health Services Supervisor  
Staffing  
Additional requirements

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## Specialized Rehabilitation Services

## Work Programs

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EMERGENCY  
300.1420  
EMERGENCY  
300.1430  
EMERGENCY

## SUBPART H: MEDICATIONS

## Medication Policies and Procedures

## Conformance With Physician's Orders

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EMERGENCY  
300.1620  
EMERGENCY

## Administration of Medication

## Labeling and Storage of Medications

## Control of Medications

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EMERGENCY  
300.1640  
EMERGENCY  
300.1650  
EMERGENCY

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## Records Pertaining to Residents' Property

## Retention and Transfer of Resident Records

Other Resident Record Requirements  
Staff Responsibility for Medical Records

## Retention of Facility Records

## Other Facility Record Requirements

300.1810  
EMERGENCY  
300.1820  
EMERGENCY  
300.1830  
EMERGENCY  
300.1840  
EMERGENCY  
300.1850  
EMERGENCY  
300.1860  
EMERGENCY  
300.1870  
EMERGENCY  
300.1880  
EMERGENCY

## SUBPART J: FOOD SERVICE

## Director of Food Services

## Dietary Staff in Addition to Director of Food Services

## Hygiene of Dietary Staff

## Diet Orders

Adequacy of Diet and Meal Pattern  
Therapeutic Diets

## Scheduling Meals

## Menu Planning

## Food Preparation and Service

Food Handling Sanitation  
Kitchen Equipment, Utensils, and Supplies

300.2010  
EMERGENCY  
300.2020  
EMERGENCY  
300.2030  
EMERGENCY  
300.2040  
EMERGENCY  
300.2050  
EMERGENCY  
300.2060  
EMERGENCY  
300.2070  
EMERGENCY  
300.2080  
EMERGENCY  
300.2090  
EMERGENCY  
300.2100  
EMERGENCY  
300.2110  
EMERGENCY

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SUBPART K: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

300.2210  
EMERGENCY  
300.2220  
EMERGENCY  
300.2230  
EMERGENCY

Maintenance

Housekeeping

Laundry Services

SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

300.2410  
EMERGENCY  
300.2420  
EMERGENCY  
300.2430  
EMERGENCY

Furnishings

Equipment and Supplies

Sterilization of Equipment and Supplies

SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

300.2610  
EMERGENCY  
300.2620  
EMERGENCY  
300.2630  
EMERGENCY  
300.2640  
EMERGENCY

Codes

Water Supply

Sewage Disposal

Plumbing

SUBPART N: DESIGN AND CONSTRUCTION STANDARDS  
FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

300.2810  
EMERGENCY  
300.2820  
EMERGENCY  
300.2830  
EMERGENCY  
300.2840  
EMERGENCY  
300.2850  
EMERGENCY  
300.2860  
EMERGENCY  
300.2870  
EMERGENCY

Applicability of these Standards

Codes and Standards

Preparation of Drawings and Specifications

Site

Administration and Public Areas

Nursing Unit

Dining, Living, Activities Room(s)

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Therapy and Personal Care

Service Departments

Building General

Structural

Mechanical Systems

Plumbing Systems

Electrical Systems

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS  
FOR EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

Applicability

Codes and Standards

Preparation of Drawings and Specifications

Site

Administration and Public Areas

Nursing Unit

Living, Dining, Activities Rooms

Treatment and Personal Care

Service Departments

Building General

Structural

Mechanical Systems

Plumbing Systems

Electrical Requirements



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## SUBPART P: RESIDENT'S RIGHTS

300.3210

EMERGENCY

General

300.3220

EMERGENCY

Medical and Personal Care Program

300.3230

EMERGENCY

Restraints

300.3240

EMERGENCY

Abuse and Neglect

300.3250

EMERGENCY

Communication and Visitation

300.3260

EMERGENCY

Resident's Funds

300.3270

EMERGENCY

Residents' Advisory Council

300.3280

EMERGENCY

Contract With Facility

300.3290

EMERGENCY

Private Right of Action

300.3300

EMERGENCY

Transfer and/or Discharge

300.3310

EMERGENCY

Complaint Procedures

300.3320

EMERGENCY

Confidentiality

300.3330

EMERGENCY

Facility Implementation

## SUBPART Q: SPECIALIZED LIVING FACILITIES FOR THE MENTALLY ILL

## Application of Other Sections of These Minimum Standards

300.3410

EMERGENCY

Administrator

300.3420

EMERGENCY

Policies

300.3440

EMERGENCY

Personnel

300.3450

EMERGENCY

Resident Living Services Medical and Dental Care

300.3460

EMERGENCY

Resident Services Program

300.3470

EMERGENCY

Psychological Services

300.3480

EMERGENCY

Social Services

300.3490

EMERGENCY

Recreational and Activities Services

300.3500

EMERGENCY

Individual Treatment Plan

300.3510

EMERGENCY

Health Services

300.3520

EMERGENCY

Medical Services

300.3530

EMERGENCY

Dental Services

300.3540

EMERGENCY

Optometric Services

300.3550

EMERGENCY

Audiometric Services

300.3560

EMERGENCY

Podiatric Services

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## SUBPART R: DAYCARE PROGRAMS

300.3570

EMERGENCY

Occupational Therapy Services

300.3580

EMERGENCY

Nursing and Personal Care

300.3590

EMERGENCY

Resident Care Services

300.3600

EMERGENCY

Record Keeping

300.3610

EMERGENCY

Food Service

300.3620

EMERGENCY

Furnishings, Equipment and Supplies (New and Existing Facilities)

300.3630

EMERGENCY

Design and Construction Standards (New and Existing Facilities)

300.3710

EMERGENCY

Day Care in Long-Term Care Facilities

APPENDIX A

EMERGENCY

Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities

APPENDIX B

EMERGENCY

Classification of Distinct Part of a Facility for Different Levels of Service

APPENDIX C

EMERGENCY

Federal Requirements Regarding Patients'/Residents' Rights

APPENDIX D

EMERGENCY

Forms for Day Care in Long-Term Care Facilities

APPENDIX E

EMERGENCY

Criteria for Activity Directors Who Need Only Minimal Consultation

TABLE A

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Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities

TABLE B

EMERGENCY

Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities

TABLE C

EMERGENCY

Construction Types and Sprinkler Requirements for Existing Skilled Nursing Facilities/Intermediate Care Facilities

TABLE D

EMERGENCY

Disaster Preparedness Parameters - Relative Humidity and Temperature

**AUTHORITY:** Implementing and authorized by the Nursing Home Care ~~Reform~~ Act ~~of 1979~~ (Ill. Rev. Stat. 1987-1985, ch. 111 1/2, par. 4151-101 et seq., as amended by Public Acts 85-1183, effective August 13, 1988, and 85-1378, effective September 1, 1988)

**SOURCE:**

Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15,

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1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18472, effective October 24, 1988, for a maximum of 150 days.

NOTE: Italics and capitalization denote statutory language.

## Section 300.110 General Requirements

EMERGENCY

- a) These Minimum Standards apply to the operator/licensee of facilities, or distinct parts thereof, that are to be licensed and classified to provide intermediate care and/or skilled nursing care.

Any license issued and in effect prior to March 1, 1980, pursuant to the "Nursing homes, sheltered care homes, and homes for the aged Act" (Ill. Rev. Stat. 1977, ch. 111 1/2, par. 35.16 et seq.) shall remain valid and subject to the terms and conditions of the "Nursing Home Care Reform Act of 1979" (the Act) (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.) and all regulations promulgated thereunder until the expiration date shown on the face of such license.

- b) The license issued to each operator/licensee shall designate the licensee's name, facility name, address, the classification by level of service authorized for that facility, the number of beds authorized for each level, the date the license was issued and the expiration date. Such licenses shall be issued for a period not to exceed one (1) year.

- c) An applicant may request that the license issued by the Department of Public Health have distinct parts classified according to levels of services. The distinct part must satisfactorily meet the applicable physical plant standards based on a level of service classification sought for that distinct part. If necessary to protect the health, welfare and safety of residents in a distinct part requiring higher standards, the Department shall require compliance with whatever additional physical plant standards are necessary in any distinct

## Section 300.110(c) (continued)

part(s), to achieve this protection as required by the highest level of care being licensed. Administrative, supervisory, and other personnel may be shared by the entire facility, if so doing does not adversely affect meeting the total needs of the residents of the facility.

- d) THE OPERATOR MAY NOT ADMIT RESIDENTS IN EXCESS OF THE LICENSED CAPACITY OF THE FACILITY. (See Section 300.280 - Violations and Penalties) (B<sub>7</sub>-6)

- e) An intermediate care facility licensed and classified under the Act shall not use in its title or description "Hospital", "Sanitarium", or "Sanatorium", "Rehabilitation Center", "Skilled Nursing Facility", or any other word or description in its title or advertisements which indicates that a type of service is provided by the facility which the facility is not licensed to provide or, in fact, does not provide. (6)

A skilled nursing facility may use in its title or advertisement the words or description: "Nursing Home", "Intermediate Care", "Skilled Nursing Facility".

- f) Any person constructing or modifying a long-term care facility or portion thereof without obtaining the required permit from the Health Facilities Planning Board shall not be eligible to apply for licensure for that facility or portion thereof (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1163.1). (6)

- g) THE LICENSEE SHALL GIVE NINETY (90) DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN TEN PERCENT (10%) OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENTS WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE LICENSEE SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE



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## Section 300.110(g) (continued)

OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER THE ACT. (A, 8)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.120 Application for License

EMERGENCY

- a) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility, and/or skilled nursing facility shall submit pre-application information on forms provided by the Department. The Department shall be furnished a written description as it may require program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The pre-application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications. (6)

- b) A pre-application for a new facility shall be accompanied by a permit as required by the "Illinois Health Facilities Planning Act" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1151 et seq.). (6)

- c) APPLICATION FOR A LICENSE TO ESTABLISH OR OPERATE AN INTERMEDIATE CARE FACILITY, AND/OR SKILLED NURSING FACILITY SHALL BE MADE IN WRITING AND SUBMITTED, WITH OTHER SUCH INFORMATION AS THE DEPARTMENT MAY REQUIRE, ON FORMS PROVIDED BY THE DEPARTMENT.

- d) ALL APPLICATIONS, EXCEPT THOSE OF HOMES FOR THE AGED, SHALL BE ACCOMPANIED BY AN APPLICATION FEE OF TWO HUNDRED (200) DOLLARS. THE APPLICATION SHALL BE UNDER OATH AND THE SUBMISSION OF FALSE OR MISLEADING INFORMATION SHALL BE A CLASS A MISDEMEANOR. THE APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) THE NAME AND ADDRESS OF THE APPLICANT IF AN INDIVIDUAL, AND IF A FIRM, PARTNERSHIP, OR ASSOCIATION, OF EVERY MEMBER THEREOF, AND IN THE CASE OF A CORPORATION, THE NAME AND ADDRESS THEREOF AND OF ITS OFFICERS AND ITS REGISTERED AGENT, AND IN THE CASE OF A UNIT OF LOCAL GOVERNMENT, THE NAME AND ADDRESS OF ITS CHIEF EXECUTIVE OFFICER;

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## Section 300.120(d) (continued)

- 2) THE NAME AND LOCATION OF THE FACILITY FOR WHICH A LICENSE IS SOUGHT;

- 3) THE NAME OF THE PERSON OR PERSONS UNDER WHOSE MANAGEMENT OR SUPERVISION THE FACILITY WILL BE CONDUCTED;

- 4) THE NUMBER AND TYPE OF RESIDENTS FOR WHICH MAINTENANCE, PERSONAL CARE, OR NURSING IS TO BE PROVIDED; AND

- 5) SUCH INFORMATION RELATING TO THE NUMBER, EXPERIENCE, AND TRAINING OF THE EMPLOYEES OF THE FACILITY, ANY MANAGEMENT AGREEMENTS FOR THE OPERATION OF THE FACILITY, AND OF THE MORAL CHARACTER OF THE APPLICANT AND EMPLOYEES AS THE DEPARTMENT MAY DEEM NECESSARY. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))

e)

- The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold, or leased; or when operation is discontinued; or when operation is moved to a new location; or when the licensee (if an individual) dies; or when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be. (6)

- 2) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases. (6)

- f) EACH INITIAL APPLICATION SHALL BE ACCOMPANIED BY A FINANCIAL STATEMENT SETTING FORTH THE FINANCIAL CONDITION OF THE APPLICANT AND BY A STATEMENT FROM THE UNIT OF LOCAL GOVERNMENT HAVING ZONING JURISDICTION OVER THE FACILITY'S LOCATION STATING THAT THE LOCATION OF THE FACILITY IS NOT IN VIOLATION OF A ZONING ORDINANCE. AN INITIAL APPLICATION FOR A NEW FACILITY SHALL BE ACCOMPANIED BY A PERMIT AS REQUIRED BY THE "ILLINOIS HEALTH FACILITIES PLANNING ACT". AFTER THE APPLICATION IS APPROVED, THE APPLICANT SHALL ADVISE THE DEPARTMENT EVERY 6 MONTHS OF ANY CHANGES IN THE INFORMATION

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## Section 300.120(f) (continued)

ORIGINALLY PROVIDED IN THE APPLICATION. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.130 Licensee  
EMERGENCY

- a) The licensee is the corporate body, political subdivision, individual, or individuals responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing requirements. The licensee does not have to own the building being used.
- b) If the licensee does not own the building, a lease or management agreement between the licensee and the owner of the building is required. A copy of the lease or management agreement shall be furnished to the Department. The Department shall also be provided with a copy of all new lease agreements or any changes to existing agreements within thirty (30) days of the effective date of such changes. (6)
- c) If the licensee is not a corporation or a political subdivision of the State of Illinois, each person responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing Minimum Standards shall be at least eighteen (18) years of age. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.150 Issuance of an Initial License Due to a Change of Ownership  
EMERGENCY

- a) UPON RECEIPT AND REVIEW OF AN APPLICATION FOR A LICENSE THE DIRECTOR SHALL ISSUE A PROBATIONARY LICENSE IF HE FINDS:
  - 1) THE APPLICANT IS A PERSON RESPONSIBLE AND SUITABLE TO OPERATE OR TO DIRECT OR TO PARTICIPATE IN THE OPERATION OF A FACILITY BY VIRTUE OF FINANCIAL CAPACITY, APPROPRIATE BUSINESS OR PROFESSIONAL EXPERIENCE, A RECORD OF COMPLIANCE WITH LAWFUL ORDERS OF THE DEPARTMENT AND LACK OF REVOCATION OF A LICENSE

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## Section 300.150(a)(1) (continued)

- DURING THE PREVIOUS FIVE (5) YEARS;
- 2) THE FACILITY IS UNDER THE SUPERVISION OF AN ADMINISTRATOR WHO IS LICENSED UNDER THE "NURSING HOME ADMINISTRATOR'S LICENSING ACT", AS NOW OR HEREAFTER AMENDED; AND
- 3) THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE "NURSING HOME CARE REFORM ACT OF 1979" AND THIS PART.
- b) WHENEVER OWNERSHIP OF A FACILITY IS TRANSFERRED FROM THE PERSON NAMED IN A LICENSE TO ANY OTHER PERSON, THE TRANSFEREE MUST OBTAIN A NEW PROBATIONARY LICENSE. THE TRANSFEREE SHALL NOTIFY THE DEPARTMENT OF THE TRANSFER AND APPLY FOR A NEW LICENSE AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. (6)
- c) THE TRANSFEROR SHALL NOTIFY THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. THE TRANSFEROR SHALL REMAIN RESPONSIBLE FOR THE OPERATION OF THE FACILITY UNTIL SUCH TIME AS THE LICENSE IS ISSUED TO THE NEW TRANSFEREE. (6)
- d) THE LICENSE GRANTED TO THE TRANSFEREE SHALL BE SUBJECT TO ANY PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS OWNER AND APPROVED BY THE DEPARTMENT AND ANY CONDITIONS CONTAINED IN A CONDITIONAL LICENSE ISSUED TO THE PREVIOUS OWNER. IF THERE ARE OUTSTANDING VIOLATIONS AND NO PLAN OF CORRECTION HAS BEEN SUBMITTED BY THE FACILITY AND APPROVED BY THE DEPARTMENT, THE DEPARTMENT MAY ISSUE A CONDITIONAL LICENSE AND PLAN OF CORRECTION AS PROVIDED IN SECTIONS 3-311 THROUGH 3-317 OF THE "NURSING HOME CARE REFORM ACT OF 1979" IN PLACE OF A PROBATIONARY LICENSE. (6)
- e) THE TRANSFEROR SHALL REMAIN LIABLE FOR ALL PENALTIES ASSESSED AGAINST THE FACILITY WHICH ARE IMPOSED FOR VIOLATIONS OCCURRING PRIOR TO TRANSFER OR OWNERSHIP. (6)
- f) THE DEPARTMENT WILL ISSUE A PROBATIONARY LICENSE FOR ONE HUNDRED TWENTY (120) DAYS FROM DATE OF ISSUANCE.
- g) During the one hundred twenty (120) days of the probationary license, the Department shall conduct an investigation of the applicant within thirty (30) days of the termination of the probationary license to determine whether or not the applicant then complies, and if not, whether satisfactory progress is being made toward compliance. If in compliance, the probationary license will be replaced with a full status license. If not in compliance and satisfactory progress toward compliance is not being made, the Department will allow the



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## Section 300.150(g) (continued)

probationary license to expire.

- h) If the applicant is found not to be in compliance but satisfactory progress is being made toward compliance, a second probationary license of up to one hundred twenty (120) days may be issued. Under no condition may more than two (2) successive probationary licenses be issued.
- i) THE ISSUANCE DATE OF THE PROBATIONARY LICENSE TO THE NEW OWNER WILL BE THE DATE THE LAST LICENSE REQUIREMENT IS MET AS DETERMINED BY THE DEPARTMENT. PRIOR TO ACTUAL RECEIPT BY THE OPERATOR OF THE LICENSE CERTIFICATE, THE OPERATOR MAY BEGIN OPERATION UPON RECEIPT OF WRITTEN APPROVAL BY THE DEPARTMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.160 Issuance of a Renewal License  
EMERGENCY

AT LEAST ONE HUNDRED TWENTY (120) DAYS, BUT NOT MORE THAN ONE HUNDRED FIFTY (150) DAYS, PRIOR TO LICENSE EXPIRATION, THE LICENSEE SHALL SUBMIT AN APPLICATION FOR RENEWAL OF THE LICENSE IN SUCH FORM AND CONTAINING SUCH INFORMATION AS THE DEPARTMENT REQUIRES. IF THE APPLICATION IS APPROVED, AND THE FACILITY IS IN COMPLIANCE WITH ALL OTHER LICENSE REQUIREMENTS, THE LICENSE SHALL BE RENEWED FOR AN ADDITIONAL ONE YEAR PERIOD. (See Section 300.240 for municipal licensing requirements.) (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.200 Inspections, Surveys, Evaluations and Consultation  
EMERGENCY

The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and the regulations in this Part.

- a) All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys, evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. AN INSPECTION,

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## Section 300.200(a) (continued)

SURVEY OR EVALUATION, OTHER THAN AN INSPECTION OF FINANCIAL RECORDS SHALL BE UNANNOUNCED. CONSULTATIONS MAY BE ANNOUNCED (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212). The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out this Act and the rules promulgated under the Act. IN ADDITION, REPRESENTATIVES OF THE DEPARTMENT SHALL HAVE ACCESS TO AND MAY REPRODUCE OR PHOTOCOPY AT THE DEPARTMENT'S COST ANY BOOKS, RECORDS, AND OTHER DOCUMENTS MAINTAINED BY THE FACILITY, THE LICENSEE OR THEIR REPRESENTATIVES TO THE EXTENT NECESSARY TO CARRY OUT THIS ACT AND THE RULES PROMULGATED THEREUNDER (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-213). A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information Rules - 2 Ill. Adm. Code 1126. (6)

- b) BEFORE MAKING MORE THAN THE REQUIRED NUMBER OF INSPECTIONS, SURVEYS AND EVALUATIONS OF A FACILITY, THE DEPARTMENT SHALL HAVE TAKEN INTO ACCOUNT THE FOLLOWING CRITERIA:

- 1) PREVIOUS INSPECTION REPORTS;
- 2) THE FACILITY'S HISTORY OF COMPLIANCE WITH THE ACT:
  - A) PRIOR CORRECTION OF VIOLATIONS;
  - B) PRIOR ENFORCEMENT ACTIONS;
  - C) NUMBER AND SEVERITY OF PRIOR COMPLAINTS;
- 3) NUMBER AND SEVERITY OF CURRENT COMPLAINTS;
- 4) ALLEGATIONS OF RESIDENT ABUSE OR NEGLECT;
- 5) COMPLIANCE WITH DISASTER PREPAREDNESS PROVISIONS UNDER THE ACT;
- 6) OTHER REASONABLE BELIEF THAT DEFICIENCIES REGARDING THE ACT EXIST; AND/OR
- 7) requirements pursuant to the "1864 Agreement" (42 USCA 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g., annual and follow-up certification inspections, life safety code inspections and any inspections requested by the

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secretary of HHS). (6) (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(b))

c) UPON THE COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION, THE REPRESENTATIVE OF THE DEPARTMENT WHO CONDUCTED THE INSPECTION, SURVEY OR EVALUATION SHALL SUBMIT A COPY OF THEIR REPORT TO THE LICENSEE OR THEIR REPRESENTATIVE, UPON EXITING THE FACILITY. A copy of the information gathered during a complaint investigation will not be provided upon exiting the facility. COMMENTS OR DOCUMENTATION PROVIDED BY THE LICENSEE WHICH MAY REFUTE FINDINGS IN THE REPORT, WHICH EXPLAIN EXTENUATING CIRCUMSTANCES THAT THE FACILITY COULD NOT REASONABLY HAVE PREVENTED, OR WHICH INDICATE METHODS AND TIMETABLES FOR CORRECTION OF DEFICIENCIES DESCRIBED IN THE REPORT SHALL BE PROVIDED TO THE DEPARTMENT WITHIN 10 DAYS OF RECEIPT OF THE COPY OF THE REPORT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(c))

d) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or rules, and/or general matters of patient care.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.210 Filing an Annual Attested Financial Statement  
EMERGENCY

a) Each licensee shall submit an annual attested financial statement to the Department. This financial statement shall be filed in a prescribed format on forms supplied by the Department. The forms will be developed in conjunction with the Illinois Department of Public Aid. THE TIME PERIOD COVERED IN THE FINANCIAL STATEMENT SHALL BE A PERIOD DETERMINED BY THE DEPARTMENT FOR THE INITIAL FILING, AND SHALL THEREAFTER COINCIDE WITH THE FACILITY'S FISCAL YEAR OR THE CALENDAR YEAR. (6)

b) THE DEPARTMENT MAY REQUIRE ANY FACILITY TO FILE AN AUDITED FINANCIAL STATEMENT, IF THE DEPARTMENT DETERMINES THAT SUCH A STATEMENT IS NEEDED.

c) THE DEPARTMENT MAY REQUIRE ANY OR ALL FACILITIES TO SUBMIT ATTESTED OR AUDITED FINANCIAL STATEMENTS MORE FREQUENTLY THAN ANNUALLY, IF THE DEPARTMENT DETERMINES THAT MORE FREQUENT FINANCIAL STATEMENTS ARE

Section 300.210(c) (continued)

NEEDED. THE FREQUENCY AND TIME PERIOD OF SUCH FILINGS SHALL BE AS DETERMINED BY THE DEPARTMENT FOR EACH INDIVIDUAL FACILITY.

d) THE FINANCIAL STATEMENT SHALL BE FILED WITH THE DEPARTMENT WITHIN NINETY (90) DAYS FOLLOWING THE END OF THE DESIGNATED REPORTING PERIOD. THE FINANCIAL STATEMENT WILL NOT BE CONSIDERED AS HAVING BEEN FILED UNLESS ALL SECTIONS OF THE PRESCRIBED FORMS HAVE BEEN PROPERLY COMPLETED. THOSE SECTIONS WHICH DO NOT APPLY TO A PARTICULAR FACILITY SHALL BE NOTED "NOT APPLICABLE" ON THE FORMS. (6)

e) THE INFORMATION REQUIRED TO BE SUBMITTED IN THE FINANCIAL STATEMENT WILL INCLUDE AT A MINIMUM THE FOLLOWING:

1) FACILITY INFORMATION, INCLUDING: FACILITY NAME AND ADDRESS, LICENSE INFORMATION, TYPE OF OWNERSHIP, LICENSED BED CAPACITY, DATE AND COST OF BUILDING CONSTRUCTION AND ADDITIONS, DATE AND COST OF ACQUISITION OF BUILDINGS, BUILDING SIZES, EQUIPMENT COSTS AND DATES OF ACQUISITION. (6)

2) RESIDENT INFORMATION, INCLUDING: NUMBER AND LEVEL OF CARE OF RESIDENTS BY SOURCE OF PAYMENT, INCOME FROM RESIDENTS BY LEVEL OF CARE. (6)

3) COST INFORMATION BY LEVEL OF CARE, INCLUDING:

A) GENERAL SERVICE COSTS; SUCH AS DIETARY, FOOD, HOUSEKEEPING, LAUNDRY, UTILITIES, AND PLANT OPERATION AND MAINTENANCE. (6)

B) HEALTH CARE COSTS; SUCH AS MEDICAL DIRECTOR, NURSING, MEDICATIONS, OXYGEN, ACTIVITIES, MEDICAL RECORDS, OTHER MEDICAL SERVICES, SOCIAL SERVICES, AND UTILIZATION REVIEWS. (6)

C) GENERAL ADMINISTRATION; SUCH AS ADMINISTRATIVE SALARIES, PROFESSIONAL SERVICES, FEES, SUBSCRIPTIONS, PROMOTIONAL, INSURANCE, TRAVEL, CLERICAL, EMPLOYEE BENEFITS, LICENSE FEES, AND INSERVICE TRAINING AND EDUCATION. (6)

D) Ownership; such as depreciation, interest, taxes, rent, and leasing. (6)

E) Special Service cost centers; such as habilitative and rehabilitative services, therapies, transportation, education, barber and beauty care, and gift and coffee shop. (6)



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## Section 300.210(e) (continued)

- 4) Income information, including operating and nonoperating income. (6)
- 5) Ownership information, including balance sheet and payment to owners. (6)
- 6) Personnel information, including the number and type of people employed and salaries paid. (6)
- 7) Related organization information, including related organizations from which services are purchased. (6)

f) The new owner or a new lessee of a previously licensed facility may file a projection of capital costs at the time of closing or signing of the lease.

- 1) A facility which is licensed for the first time (a newly constructed facility) must file a projection of capital costs. (6)
- 2) Each of the above must file a full cost report within nine (9) months after acquisition (covering the first six (6) months of operation). Each must also file a cost report within ninety (90) days of the close of its first complete fiscal year. (6)

g) NO PUBLIC FUNDS SHALL BE EXPENDED FOR THE MAINTENANCE OF ANY RESIDENT IN ANY FACILITY WHICH HAS FAILED TO FILE THIS FINANCIAL STATEMENT, AND NO PUBLIC FUNDS SHALL BE PAID TO, OR ON BEHALF OF, A FACILITY WHICH HAS FAILED TO FILE THE STATEMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.220 Information to Be Made Available to the Public By the  
Department

EMERGENCY

- a) THE DEPARTMENT SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS SECTION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.

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## Section 300.220 (continued)

- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. (6)

c) THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE TO THE PUBLIC FROM THE DEPARTMENT OR THE DEPARTMENT OF PUBLIC AID:

- 1) INFORMATION SUBMITTED UNDER SECTIONS 3-103 AND 3-207 OF THE ACT, EXCEPT INFORMATION CONCERNING THE REMUNERATION OF PERSONNEL LICENSED, REGISTERED, OR CERTIFIED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION AND MONTHLY CHARGES FOR AN INDIVIDUAL PRIVATE RESIDENT;
- 2) RECORDS OF LICENSE AND CERTIFICATION INSPECTIONS, SURVEYS, AND EVALUATIONS OF FACILITIES, OTHER REPORTS OF INSPECTIONS, SURVEYS, AND EVALUATIONS OF RESIDENT CARE, AND REPORTS CONCERNING A FACILITY PREPARED PURSUANT TO TITLES XVII AND XIX OF THE SOCIAL SECURITY ACT, (42 U.S.C.A. 1395 et seq. and 1396 et seq.) SUBJECT TO THE PROVISIONS OF THE SOCIAL SECURITY ACT (42 U.S.C.A. 301 et seq.);
- 3) COST AND REIMBURSEMENT REPORTS SUBMITTED BY A FACILITY UNDER SECTION 3-208 OF THE ACT, REPORTS OF AUDITS OF FACILITIES, AND OTHER PUBLIC RECORDS CONCERNING THE COST INCURRED BY, REVENUES RECEIVED BY, AND REIMBURSEMENT OF FACILITIES;
- 4) COMPLAINTS FILED AGAINST A FACILITY AND COMPLAINT INVESTIGATION REPORTS, EXCEPT THAT A COMPLAINT OR COMPLAINT INVESTIGATION REPORT SHALL NOT BE DISCLOSED TO A PERSON OTHER THAN THE COMPLAINANT OR COMPLAINANT'S REPRESENTATIVE BEFORE IT IS DISCLOSED TO A FACILITY UNDER SECTION 3-702 OF THE ACT, AND, FURTHER, EXCEPT THAT A COMPLAINANT OR RESIDENT'S NAME SHALL NOT BE DISCLOSED EXCEPT UNDER SECTION 3-702 OF THE ACT.
- 5) THE DEPARTMENT SHALL DISCLOSE INFORMATION UNDER THIS SECTION IN ACCORDANCE WITH PROVISIONS FOR INSPECTION AND COPYING OF PUBLIC RECORDS REQUIRED BY THE FREEDOM OF INFORMATION ACT (Ill. Rev. Stat. 1984 Supp., ch. 116, par. 201 et seq.); AND
- 6) HOWEVER, THE DISCLOSURE OF INFORMATION DESCRIBED IN SUBSECTION (1) SHALL NOT BE RESTRICTED BY ANY PROVISION OF THE FREEDOM OF INFORMATION ACT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-205)

d) Copies of reports available to the public may be obtained by making

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## Section 300.220(d) (continued)

written request to the Department in accordance with the Department's Freedom of Information Rules - 2 Ill. Adm. Code 1126. However, access to cost reports shall be governed by Department of Public Aid rule "Access to Cost Reports" (89 Ill. Adm. Code 140.544). The Department may, at its discretion, waive the fee if the party requesting the material is involved in legal action with the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.230 Information to Be Made Available to the Public By the Licensee

## EMERGENCY

a) EVERY FACILITY SHALL CONSPICUOUSLY POST OR DISPLAY IN AN AREA OF ITS OFFICES ACCESSIBLE TO RESIDENTS, EMPLOYEES, AND VISITORS THE FOLLOWING:

- 1) ITS CURRENT LICENSE; (6)
  - 2) A DESCRIPTION, PROVIDED BY THE DEPARTMENT OF COMPLAINT PROCEDURES ESTABLISHED UNDER THE "NURSING HOME CARE REFORM ACT OF 1979" AND THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A PERSON AUTHORIZED BY THE DEPARTMENT TO RECEIVE COMPLAINTS; (6)
  - 3) A COPY OF ANY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT; AND (6)
  - 4) A LIST OF THE MATERIAL AVAILABLE FOR PUBLIC INSPECTION UNDER SECTION 3-210 OF THE "NURSING HOME CARE REFORM ACT OF 1979". (6)
- b) A FACILITY SHALL RETAIN THE FOLLOWING FOR PUBLIC INSPECTION:
- 1) A COMPLETE COPY OF EVERY INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT DURING THE PAST FIVE (5) YEARS; (6)
  - 2) A COPY OF EVERY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT DURING THE PAST FIVE (5) YEARS; (6)
  - 3) A DESCRIPTION OF THE SERVICES PROVIDED BY THE FACILITY AND THE RATES CHARGED FOR THOSE SERVICES AND ITEMS FOR WHICH A RESIDENT MAY BE SEPARATELY CHARGED; (6)

## Section 300.230(b) (continued)

- 4) A COPY OF THE STATEMENT OF OWNERSHIP REQUIRED BY SECTION 3-207 OF THE "NURSING HOME CARE REFORM ACT OF 1979"; (6)
- 5) A RECORD OF PERSONNEL EMPLOYED OR RETAINED BY THE FACILITY WHO ARE LICENSED, CERTIFIED OR REGISTERED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION; AND (6)
- 6) A COMPLETE COPY OF THE MOST RECENT INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.250 Ownership Disclosure  
EMERGENCY

a) AS A CONDITION OF THE ISSUANCE OR RENEWAL OF THE LICENSE OF ANY FACILITY, THE APPLICANT SHALL FILE A STATEMENT OF OWNERSHIP. THE APPLICANT SHALL NOTIFY THE Department of any change in AGREE-TO UPDATE THE INFORMATION REQUIRED IN THE STATEMENT OF OWNERSHIP WITHIN 10 DAYS OF THE CHANGE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-207(a)) ~~EVERY SIX (6) MONTHS FROM THE INITIAL DATE OF FILING IF THERE IS ANY CHANGE.~~ (6)

b) A STATEMENT OF OWNERSHIP SHALL INCLUDE THE FOLLOWING:

- 1) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number, and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity designated as the operator/licensee of the facility which is the subject of the application or license; (6)
- 2) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number, and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity that owns the building in which the operator/licensee is operating the facility which is the subject of the application or license; and (6)
- 3) THE NAME AND ADDRESS OF ANY FACILITY, WHEREVER LOCATED, IN WHICH THE APPLICANT HAS ANY OWNERSHIP INTEREST. (Ill. Rev. Stat.



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Section 300.250(b)(3) (continued)

1987, ch. 111 1/2, par. 4153-207(b)) (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.272 Determination to Issue a Notice of Violation or  
Administrative Warning

EMERGENCY

a) Upon receipt of a report of an inspection, survey or evaluation of a facility, the Director or his designee shall review the findings contained in the report to determine WHETHER THE REPORT'S FINDINGS CONSTITUTE A VIOLATION OR VIOLATIONS OF WHICH THE FACILITY MUST BE GIVEN NOTICE and which THREATEN THE HEALTH, SAFETY, OR WELFARE OF A RESIDENT OR RESIDENTS. All information, evidence, and observations made during an inspection, survey or evaluation shall be considered findings or deficiencies.

b) In making this determination, the Director or his designee shall consider any COMMENTS AND DOCUMENTATION PROVIDED BY THE FACILITY within 10 days of receipt of the report in accordance with Section 300.200(c).

c) In determining whether the findings warrant the issuance of a notice of violation, the Director or his designee shall base his determination on the following factors:

- 1) THE SEVERITY OF THE FINDING. The Director or his designee will consider whether the finding constitutes a merely technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the standard.
- 2) THE DANGER POSED TO RESIDENT HEALTH AND SAFETY. The Director or his designee will consider whether the finding could pose any direct or indirect harm to the residents.
- 3) THE DILIGENCE AND EFFORTS TO CORRECT DEFICIENCIES AND CORRECTION OF REPORTED DEFICIENCIES BY THE FACILITY. Consideration will be given to any evidence provided by the facility in its comments and documentation that steps have been taken to reduce noted findings and to insure a reduction of deficiencies.

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Section 300.272(c) (continued)

4) THE FREQUENCY AND DURATION OF SIMILAR FINDINGS IN PREVIOUS REPORTS AND THE FACILITY'S GENERAL INSPECTION HISTORY. The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the DEPARTMENT SHALL ISSUE AN ADMINISTRATIVE WARNING as provided in Section 300.277. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))

e) VIOLATIONS SHALL BE DETERMINED UNDER THIS SECTION NO LATER THAN 60 DAYS AFTER COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.274 Determination of the Level of a Violation  
EMERGENCY

a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director or his designee will review the findings which are the basis of the violation and any comments and documentation provided by the facility to determine the level of the violation. Each violation shall be determined to be either a level A, or level B, or level C violation based on the criteria outlined in this Section.

b) The following definitions of levels of violations shall be used in determining the level of each violation:

- 1) A "level A violation" or "type A violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM WILL RESULT THEREFROM. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4151-129)

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.274(b) (continued)

- 2) A "level B violation" or "type B violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-310)
- 3) A "level C violation" or "type C violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY WHICH INDIRECTLY THREATENS THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-131)

c) In determining the level of a violation, the Director or his designee shall consider the following criteria:

- 1) The specific requirements of this Part which have been violated and the designated level of violation for those provisions.
- A) The designated level of violation is indicated by the letter or letters in parentheses following specific provisions. The presence of more than one letter following a specific provision indicates that the provision may be applicable to different levels of violation. The absence of any letter following a specific provision indicates that no designated level of violation applicable to that provision has been determined.
- B) The designated level of violation will be considered in conjunction with the other criteria contained in subsections (c)(2) and (c)(3) of this Section which may increase or decrease the level of violation cited for a specific violation, except that no violation of a requirement designated as level C will be cited as a level B violation unless there is a direct threat to the health, safety or welfare of a resident, or as a level A violation unless there is a substantial probability of the death of a resident or serious mental or physical harm to a resident.
- 2) The degree of danger to the resident or residents which is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:
- A) Whether the resident or residents of the facility are able to recognize conditions or occurrences which may be harmful

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## Section 300.274(c)(2)(A) (continued)

- and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the residents as indicated by review of patient needs will be considered in relation to this determination.
- B) Whether the resident or residents have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting resident access to hazardous areas will be considered.
- C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.
- D) Whether the resident or residents of the facility were notified of the condition or occurrence and the promptness of such notice. Failure of the facility to notify residents of potentially harmful conditions or occurrences will be considered. The adequacy of the method of such notification and the extent to which such notification reduced the potential danger to the residents will also be considered.
- 3) The directness and imminence of the danger to the resident or residents by the condition or occurrence in the facility. In assessing the directness and imminence of the danger, the following factors will be considered:
- A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a resident or residents resulted from the condition or occurrence and the extent of such harm.
- B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.
- C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.



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## Section 300.274(c)(3) (continued)

- D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.
- E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.276 Notice of Violation  
EMERGENCY

- a) EACH NOTICE OF VIOLATION SHALL BE IN WRITING AND SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) A description of THE NATURE OF THE VIOLATION.
- 2) A citation of the specific STATUTORY PROVISION OR RULE which the Department believes has been violated. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-301)
- 3) A statement of the level of the violation as determined pursuant to Section 300.274.
- 4) One of the following requirements for corrective action:
  - A) For level A violations, a statement that necessary corrective action to ABATE OR ELIMINATE the violation must be taken IMMEDIATELY or within a specific FIXED PERIOD OF TIME NOT EXCEEDING 15 DAYS. In setting this period, the Department will consider whether harm to residents of the facility is imminent, whether necessary precautions can be taken to protect residents before the corrective action is completed, and whether delay would pose additional risks to the residents.
  - B) For level B violations-and-level-G-violations, a REQUEST that the facility submit A PLAN OF CORRECTION WITHIN 10 DAYS OF THE RECEIPT OF THE NOTICE OF VIOLATION pursuant to

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## Section 300.276(a)(4)(B) (continued)

Section 3-303 of the Act (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303) and Section 300.278 of this Part.

- 5) A statement that the Department may take additional action under the Act, including assessment of penalties or licensure action.
- 6) A description of the licensee's right to appeal the notice and its right to a hearing.
- b) Each notice of violation shall be sent to the facility and the licensee by registered-mail or served personally at the facility WITHIN TEN DAYS after the Director or his designee determines that issuance of a notice of violation is warranted under Section 300.272 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-301).

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.277 Administrative Warning  
EMERGENCY

- a) Each administrative warning shall be in writing and shall include the following information:

- 1) A description of the nature of the violation.
- 2) A citation of the specific statutory provision or rule which the Department believes has been violated.
- 3) A statement that the FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE SITUATION, CONDITION, OR PRACTICE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))
- b) Each administrative warning shall be sent to the facility and the licensee or served personally at the facility within ten days after the Director or his designee determines that issuance of an administrative warning is warranted under Section 300.272.
- c) The facility is not required to submit a plan of correction in response to an administrative warning.
- d) If the Department finds, during THE NEXT ON-SITE INSPECTION WHICH OCCURS MORE THAN 90 DAYS AFTER THE ISSUANCE OF THE ADMINISTRATIVE

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## Section 300.277(d) (continued)

WARNING, that the facility has not CORRECTED THE SITUATION, CONDITION, OR PRACTICE WHICH RESULTED IN THE ISSUANCE OF THE ADMINISTRATIVE WARNING, the Department shall notify the facility of the finding. The facility must then SUBMIT A WRITTEN PLAN OF CORRECTION as provided in Section 300.278. The Department will consider the plan of correction and take any necessary action in accordance with Section 300.278. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(b))

(Source: Emergency rule added at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.278 Plans of Correction  
EMERGENCY

- a) A FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF A NOTICE OF VIOLATION FOR A LEVEL B -OR- LEVEL C- VIOLATION, or after receipt of a notice under Section 300.277(d) of failure to correct a situation, condition, or practice which resulted in the issuance of an administrative warning, TO PREPARE AND SUBMIT A PLAN OF CORRECTION to the Department.
- b) Within the 10-day period, a facility may request additional time for submission of the plan of correction. The Department will extend the period for submission of the plan of correction for an additional 30 days, when it finds that corrective action by a facility to abate or eliminate the violation will require SUBSTANTIAL CAPITAL IMPROVEMENT. The Department will consider the extent and complexity of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the residents of the facility in determining whether to grant a requested extension.
- c) Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:
  - 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.

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## Section 300.278(c) (continued)

- 2) A description of the steps which will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.
- d) Submission of a plan of correction shall not be considered an admission by the facility that the violation has occurred.
- e) The Department shall review each plan of correction to insure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan only if it finds any of the following deficiencies:
  - 1) The plan does not appear to address the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences.
  - 2) The plan is not specific enough to indicate the actual actions the facility will be taking to abate, eliminate, or correct the violation.
  - 3) The plan does not provide for measures which will abate or eliminate, or correct the violation.
  - 4) The plan does not provide steps which will avoid future occurrences of the same and similar violations.
  - 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation, any possible harm to the residents, and the extent and complexity of the corrective action.
- f) When the Department rejects a submitted plan of correction, it shall notify the facility. The notice of rejection shall be in writing and shall specify THE REASON FOR THE REJECTION. THE FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF THE NOTICE OF REJECTION TO SUBMIT A MODIFIED PLAN.
- g) If a facility fails to submit a plan or modified plan meeting the criteria in subsection (c) within the prescribed time periods in subsection (a) or subsection (d), AN APPROVED PLAN OF CORRECTION WILL BE IMPOSED BY THE DEPARTMENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303(b))



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## Section 300.278 (continued)

- h) The Department shall verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys and evaluations of the facility.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.282 Conditions for Assessment of Penalties  
EMERGENCY

The Department shall consider the assessment of a monetary penalty against a facility under the following conditions:

- a) When a notice of violation for a level A violation is issued.
- 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$5000 as determined by the Director or his designee considering the factors outlined in Section 330.286(a), or
  - 8) The total of the following:
    - i) \$5 PER RESIDENT IN THE FACILITY, PLUS
    - ii) \$.20 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(1))
  - 2) The facility shall also be issued a conditional license for a period of six months as provided in Section 300.260.
- b) When a facility fails to abate or eliminate a level A violation immediately or within the period set by the Department in the notice of violation pursuant to Section 300.276(a)(4)(A).
- 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be three times the penalty computed under subsection (a)(1) of this Section.

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## Section 300.282(b) (continued)

- 3) The license of the facility shall be revoked as provided in Section 300.180.
- c) When a notice of violation for a level B violation is issued.
- 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$500 as determined by the Director or his designee considering the factors outlined in Section 330.286(a), or
  - B) The total of the following:
    - i) \$3 PER RESIDENT IN THE FACILITY, PLUS
    - ii) \$.15 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(2))
  - 2) Upon acceptance of a plan of correction by the Department, assessment of the penalty shall be suspended by the Department. No additional penalty shall be imposed for days during which the plan of correction is in effect.
- d) When a facility fails to correct a level B violation within the time period specified in the plan of correction approved by the Department.
- 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be computed in accordance with subsection (c)(1) of this Section. Days during which the plan of correction was in effect shall be included in the calculation of the penalty.
  - 3) The facility shall also be issued a conditional license for a period of at least six months as provided in Section 300.260.
- e) When a facility fails to implement the corrective action required in the plans of correction for ten or more level C violations within the time period permitted in the plans of correction approved by the Department and fails to substantially address the issues raised by the violations routinely throughout the facility.

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## Section 300.282(d) (continued)

- 1) The facility shall be cited for repeat violations.
- 2) The penalty to be assessed shall be calculated as the total of the following:

- A) \$1.50 PER RESIDENT IN THE FACILITY, PLUS
- B) \$10 PER RESIDENT FOR EACH DAY OF THE REPEAT VIOLATIONS COMMENCING ON THE DAY ON WHICH THE NOTICES OF THE REPEAT VIOLATIONS ARE RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(3))

- e) ~~¶~~ WHEN A NOTICE OF VIOLATION IS ISSUED FOR A VIOLATION OF ARTICLE II OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-101 through par. 4152-212) WITH REGARD TO THE RIGHTS OF A PARTICULAR RESIDENT OF THE FACILITY, THE DEPARTMENT SHALL ORDER THE FACILITY TO REIMBURSE THE RESIDENTS FOR ANY INJURIES INCURRED OR IF THE AMOUNT OF THE INJURIES IS LESS THAN \$100, THE DEPARTMENT SHALL ORDER THE FACILITY TO PAY \$100 TO THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(6 7))

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.284 Calculation of Penalties  
EMERGENCY

- a) For the purpose of calculating penalties as provided in Section 300.282, EACH DAY ON WHICH A VIOLATION CONTINUES TO EXIST AFTER THE DAY ON WHICH NOTICE OF THE VIOLATION IS RECEIVED BY THE FACILITY SHALL BE CONSIDERED A SEPARATE VIOLATION. The Department shall not be required to send additional notices of violation to the facility for such continuing violations. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-302)
- b) For purposes of calculating penalties as provided in Section 300.282, THE NUMBER OF RESIDENTS IN THE FACILITY AND THE NUMBER OF RESIDENTS ON EACH DAY SHALL BE CALCULATED AS THE AVERAGE NUMBER OF RESIDENTS IN THE FACILITY DURING THE THIRTY DAYS IMMEDIATELY PRECEDING THE DAY ON WHICH THE FINDINGS WERE MADE IN THE FACILITY AND THE CONDITIONS OR

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OCCURRENCES DETERMINED TO BE A VIOLATION WERE DISCOVERED. The number of residents in the facility on the day on which the findings were made in the facility will be considered to be the same as the average number of residents in the facility during the preceding thirty days, unless evidence is provided by the facility substantiating that the average number of residents for that period was different. Changes in the number of residents in the facility subsequent to the day on which the findings were made shall not be considered in the calculation. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(5 6))

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.290 Quarterly List of Violators  
EMERGENCY

- a) THE DEPARTMENT SHALL PREPARE ON A QUARTERLY BASIS A LIST CONTAINING THE NAMES AND ADDRESSES OF ALL FACILITIES AGAINST WHICH THE DEPARTMENT DURING THE PREVIOUS QUARTER HAS:

- 1) Issued a NOTICE OF PENALTY ASSESSMENT for a level A violation as provided in Section 300.286 and Section 3-305(a) of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-305(a)). ~~sent-a notice-under-Section-3-307-regarding-a-penalty-assessment-under-subsections-(3)-(4)-(5)-of-Section-3-305;~~
- 2) Issued a NOTICE OF REVOCATION of the facility's license as provided in Section 300.180 and ~~sent-a-notice-of-license revocation-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119).~~ §
- 3) Issued a NOTICE REFUSING RENEWAL of the facility's license as provided in Section 300.175 and ~~sent-a-notice-refusing-renewal-of-a-license-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119).~~ §
- 4) Issued a NOTICE TO SUSPEND the facility's license as provided in ~~sent-a-notice-to-suspend-a-license-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119).~~ §
- 5) ISSUED A CONDITIONAL LICENSE to the facility based on violations.



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## Section 300.290(a)(5) (continued)

which were NOT CORRECTED as provided in Section 300.260 and Section 3-313 of the Act (111 Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ~~Issued-a-conditional-license-for-violations and penalties-described-under-Sections-3-301-and-3-303;~~

- 6) PLACED A MONITOR IN THE FACILITY as provided in Section 300.270 and Section 3-501 of the Act (111 Rev. Stat. 1987, ch. 111 1/2, par. 4153-501) for one of the following reasons: placed-a-monitor-under-subsections-(a)-(b)-and-(c)-of-Section-3-501-and under-subsection-(d)-of-such-Section-where-the-license-revocation or-nonrenewal-notices-have-also-been-issued;

- A) The facility is operating without a license.  
 B) The Department has revoked or refused to renew the license of the facility.  
 C) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure.  
 D) The Department determines that an emergency exists and HAS ISSUED A NOTICE OF REVOCATION OR NONRENEWAL against the facility's license.

- 7) INITIATED AN ACTION TO APPOINT A RECEIVER. #  
 8) RECOMMENDED TO THE DIRECTOR OF THE DEPARTMENT OF PUBLIC AID, OR THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE CERTIFICATION FOR VIOLATIONS IN RELATION TO PATIENT CARE OF A FACILITY PURSUANT TO TITLES XVIII AND XIX (42 U.S.C. Sections 1395 et seq. and 1396 et seq.) OF THE FEDERAL SOCIAL SECURITY ACT. (111. Rev. Stat. 1985-Supp-1987, ch. 111 1/2, par. 4153-304(a))

- b) IN ADDITION TO THE NAME AND ADDRESS OF THE FACILITY, THE LIST SHALL INCLUDE THE NAME AND ADDRESS OF THE PERSON OR LICENSEE AGAINST WHOM THE ACTION HAS BEEN INITIATED, A SELF-EXPLANATORY SUMMARY OF THE FACTS WHICH WARRANTED THE INITIATION OF EACH ACTION, THE TYPE OF ACTION INITIATED, THE DATE OF THE INITIATION OF THE ACTION, THE AMOUNT OF THE PENALTY SOUGHT TO BE ASSESSED, IF ANY, AND THE FINAL

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## Section 300.290(b) (continued)

DISPOSITION OF THE ACTION, IF COMPLETED. (111. Rev. Stat. 1985 Supp-1987, ch. 111 1/2, par. 4153-304(b))

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.300 Alcoholism Treatment Programs In Long-Term Care Facilities  
EMERGENCY

- a) A long-term care facility that desires to provide an alcoholism treatment program must first receive written approval from both the Division of Health Facilities Surveillance and the Division of Health Facilities Standards. Such approval will be granted only if it can be shown that such program will not interfere in any way with the residents in the other parts of the facility. (6)
- b) Any alcoholism treatment program in a long-term care facility must meet the program standards of the rules for Alcoholism and Intoxication Treatment Programs (77 Ill. Adm. Code 200), as promulgated by the Illinois Department of Public Health under the Alcoholism Treatment Licensing Act. (111. Rev. Stat. 1979, ch. 111 1/2, par. 2301 et seq.). (6)
- c) The alcoholism treatment program must be in a completely separate distinct part of the long-term care facility, and must include all beds in that distinct part. It must be completely separated from the rest of the facility, and have separate entrances. (6)
- d) Beds designated for alcoholism treatment cannot be used for long-term care residents, nor can beds designated for long-term care residents be used for residents undergoing treatment for alcoholism. (6)
- e) The alcoholism treatment program staff will not be utilized in performing services in the long-term care area of the facility, nor will long-term care program staff be utilized to provide any service in the alcoholism treatment designated area. (6)
- f) There may be joint use of laundry, food service, housekeeping and administrative services, provided written approval is obtained from the Division of Health Facilities Surveillance. Such approval will be granted only if it can be shown that such joint usage will not

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interfere in any way with the residents in other parts of the facility. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.330 Definitions  
EMERGENCY

a) Each definition is considered to be a separate rule, but they are not given individual numbers because they are listed alphabetically, and numbers would have to be changed each time a new definition was added or deleted.

b) The terms defined below are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

ABUSE - ANY PHYSICAL OR MENTAL INJURY OR SEXUAL ASSAULT INFLICTED ON A RESIDENT OTHER THAN BY ACCIDENTAL MEANS IN A FACILITY.

ACCESS - THE RIGHT TO:

ENTER ANY FACILITY:

COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT WHO CONSENTS TO THE COMMUNICATION;

SEEK CONSENT TO COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT;

INSPECT THE CLINICAL AND OTHER RECORDS OF A RESIDENT WITH THE EXPRESS WRITTEN CONSENT OF THE RESIDENT;

OBSERVE ALL AREAS OF THE FACILITY EXCEPT THE LIVING AREA OF ANY RESIDENT WHO PROTESTS THE OBSERVATION.

The Act - as used in these standards, the "Nursing Home Care Reform Act of 1979, as amended."

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's

## Section 300.330 (continued)

needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 300.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a level A or level B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

## AFFILIATE MEANS:

WITH RESPECT TO A PARTNERSHIP, EACH PARTNER THEREOF.

WITH RESPECT TO A CORPORATION, EACH OFFICER, DIRECTOR AND STOCKHOLDER THEREOF.

WITH RESPECT TO A NATURAL PERSON: ANY PERSON RELATED IN THE FIRST DEGREE OF KINSHIP TO THAT PERSON; EACH PARTNERSHIP AND EACH PARTNER THEREOF OF WHICH THAT PERSON OR ANY AFFILIATE OF THAT PERSON IS A PARTNER; AND EACH CORPORATION IN WHICH THAT PERSON OR ANY AFFILIATE OF THAT PERSON IS AN OFFICER, DIRECTOR OR STOCKHOLDER.



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Aide or Orderly - any person providing direct personal care, training and/or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

APPLICANT - ANY PERSON MAKING APPLICATION FOR A LICENSE.

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, psychosocial, etc., aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; Mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in these regulations means any story or

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## Section 300.330 (continued)

floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in specific Federal or State health program.

Charge Nurse - a charge nurse is a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Community Living Facility - see Facility, Community Living.

CONTINUING-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL FORMS OF FINANCIAL SUPPORT FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

Contract - a binding agreement between a resident or his guardian or if the resident is a minor, his parent and the facility or its agent.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. Examples of

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economic self-sufficiency; and  
reflects the persons's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and individually planned and coordinated.

physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Dental Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 2202 et seq.).

Department - as used in these standards means the Illinois Department of Public Health.

Developmentally Disabled - those individuals whose disability is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other pathological conditions which generally originate before such individuals attain age eighteen (18), and which continue, or can be expected to continue, indefinitely, and which constitute a substantial functioning handicap to such individuals.

Developmental Disability - a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairment or combination of mental and physical impairments;

is manifest before age twenty-two (22);

is likely to continue indefinitely;

results in substantial functional limitations in three (3) or more of the following areas of major life activities:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction;
- capacity for independent living; and

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or

is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate of a Department-approved course that provides ninety (90) or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has training and experience in food service supervision and management in a military service equivalent in content to the program in paragraph (2) or (3) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or

has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one (1) year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Care Aide - Any person who provides nursing care, personal care and/or psychosocial support to residents of Specialized Living Facilities, regardless of title, and who is not a Qualified Professional, as defined in these rules. Director Care Aides must function under the supervision of a licensed nurse when performing nursing or personal care duties.

Direct Supervision - means that work is performed under the guidance and direction of a supervisor who is responsible for



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the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

DIRECTOR - THE DIRECTOR OF PUBLIC HEALTH OR HIS DESIGNEE.

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

DISCHARGE - THE FULL RELEASE OF ANY RESIDENT FROM A FACILITY.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

Emergency - a situation, physical condition or one or more practices, methods or operations which present imminent danger of death or serious physical or mental harm to residents of a facility.

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Equivalent of a Graduate Licensed Practical Nurse - a licensed practical nurse, licensed by waiver who successfully passes the proficiency examination approved by the U.S. Department of Health and Human Services shall be considered the equivalent of a licensed practical nurse who is a graduate of an approved school of practical nursing for the purposes of these standards.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or

renewal) is to be granted.

Facility, Community Living - a place of residence as limited in these standards for between five (5) and eighty (80) ambulatory adults who are mildly or moderately mentally retarded with a potential for being absorbed into the mainstream of community life.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in these standards is a facility of three (3) or more persons, or distinct part thereof, serving residents of which more than fifty (50) percent are developmentally disabled. Facilities with any number less than fifty (50) percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support or training programs, must comply with the program requirements of these minimum Standards.

FACILITY OR LONG-TERM CARE FACILITY - A PRIVATE HOME, INSTITUTION, BUILDING, RESIDENCE, OR ANY OTHER PLACE, WHETHER OPERATED FOR PROFIT OR NOT, OR A COUNTY HOME FOR THE INFIRM A CHRONICALLY ILL OPERATED PURSUANT TO "THE COUNTY HOME ACT" (1 Rev. Stat. 1983, ch. 53, par. 61 et seq.), AS NOW OR HEREAFTER AMENDED, OR BY A COUNTY PURSUANT TO "AN ACT IN RELATION TO HQ FOR THE AGED", APPROVED JULY 21, 1959 (111. Rev. Stat. 1983, 34, par. 351 et seq.) AS NOW OR HEREAFTER AMENDED, OR ANY SIMILAR INSTITUTION OPERATED BY A POLITICAL SUBDIVISION OF THE STATE OF ILLINOIS, WHICH PROVIDES, THROUGH ITS OWNERSHIP OR MANAGEMENT, PERSONAL CARE, SHELTERED CARE OR NURSING FOR THREE (3) OR MORE PERSONS, NOT RELATED TO THE APPLICANT OR OWNER B' BLOOD OR MARRIAGE. IT INCLUDES SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES AS THOSE TERMS ARE DEFINED IN T XVIII AND Title XIX OF THE FEDERAL SOCIAL SECURITY ACT (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "FACILITY" MAY CONSIST OF MORE THAN ONE BUILDING AS LONG AS THE BUILDINGS ARE ON THE SAME TRACT, OR ADJACENT TRACTS OF LAND. HOWEVER, THE

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SHALL BE NO MORE THAN ONE "FACILITY" IN ANY ONE BUILDING. "FACILITY" DOES NOT INCLUDE THE FOLLOWING:

A HOME, INSTITUTION, OR OTHER PLACE OPERATED BY THE FEDERAL GOVERNMENT OR AGENCY THEREOF, OR BY THE STATE OF ILLINOIS;

A HOSPITAL, SANITARIUM, OR OTHER INSTITUTION WHOSE PRINCIPAL ACTIVITY OR BUSINESS IS THE DIAGNOSIS, CARE, AND TREATMENT OF HUMAN ILLNESS THROUGH THE MAINTENANCE AND OPERATION AS ORGANIZED FACILITIES THEREFOR, WHICH IS REQUIRED TO BE LICENSED UNDER THE "HOSPITAL LICENSING ACT" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 142 et seq.) AS NOW OR HEREAFTER AMENDED; OR

ANY "FACILITY FOR CHILD CARE" AS DEFINED IN THE "CHILD CARE ACT OF 1969" (Ill. Rev. Stat. 1983, ch. 23, par. 2211 et seq.) AS NOW OR HEREAFTER AMENDED.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two (2) month period of time.

Full-time - means on duty a minimum of thirty-six (36) hours, four (4) days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

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GUARDIAN - A PERSON APPOINTED AS A GUARDIAN OF THE PERSON OR GUARDIAN OF THE ESTATE, OR BOTH, OF A RESIDENT UNDER THE "PROBATE ACT OF 1975" (Ill. Rev. Stat. 1983, ch. 110 1/2, par. 1-1 et seq.) AS NOW OR HEREAFTER AMENDED.

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not for profit corporation incorporated under, or qualified as a foreign corporation under, the "General Not For Profit Corporation Act" approved July 17, 1943, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 32, par. 163a et seq.); or, by a county pursuant to "An Act in relation to homes for the aged", approved July 21, 1959, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 34, par. 3561 et seq.); or, pursuant to a trust or endowment established for nonprofit, charitable purposes, and which provides maintenance, personal care, nursing or sheltered care to three (3) or more residents, ninety percent of whom are sixty (60) or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

House Manager - a qualified person on duty forty (40) hours a week managing the Community Living Facility and responsible for its operation and its inhabitants.

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that



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is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in these regulations means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1967 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF-DD's) at least one member of the team shall be a Qualified Mental Retardation Professional.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the "Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, pars. 3601-3633), as now or hereafter amended.

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

LICENSEE - THE PERSON OR ENTITY LICENSED TO OPERATE THE FACILITY AS PROVIDED UNDER THE ACT.

LIFE-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

MAINTENANCE - FOOD, SHELTER, AND LAUNDRY SERVICES.

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a

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school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

Mobile Resident - any resident who is able to move about either independently or with the aid of assistive devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

MONITOR - A QUALIFIED PERSON PLACED IN A FACILITY BY THE DEPARTMENT TO OBSERVE OPERATIONS OF THE FACILITY, ASSIST THE FACILITY BY ADVISING IT ON HOW TO COMPLY WITH THE STATE REGULATIONS, AND WHO REPORTS PERIODICALLY TO THE DEPARTMENT ON THE OPERATIONS OF THE FACILITY.

NEGLECT - A FAILURE IN A FACILITY TO PROVIDE ADEQUATE MEDICAL OR PERSONAL CARE OR MAINTENANCE, WHICH FAILURE RESULTS IN PHYSICAL OR MENTAL INJURY TO A RESIDENT OR IN THE DETERIORATION OF A RESIDENT'S PHYSICAL OR MENTAL CONDITION.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility State initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available

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to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

NURSE - A REGISTERED NURSE OR A LICENSED PRACTICAL NURSE AS DEFINED IN "THE ILLINOIS NURSING ACT" (Ill. Rev. Stat. 1983, ch. 111, par. 3401 et seq.) AS NOW OR HEREAFTER AMENDED.

Nursing Assistant - Any person who provides nursing care and/or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable distinct part of a facility consisting of all the beds within the distinct part, but having no more than seventy-five (75) beds, none of which are more than one-hundred twenty (120) feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Registration and Education as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Occupational Therapy Assistant - a person who is registered with the Department of Registration and Education as a certified occupational therapy assistant under the Illinois Occupational

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## Section 300.330 (continued)

Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Oversight - general watchfulness and appropriate reaction to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

OWNER - THE INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION OR OTHER PERSON WHO OWNS A FACILITY. IN THE EVENT A FACILITY IS OPERATED BY A PERSON WHO LEASES THE PHYSICAL PLANT, WHICH IS OWNED BY ANOTHER PERSON, "OWNER" MEANS THE PERSON WHO OPERATES THE FACILITY, EXCEPT THAT IF THE PERSON WHO OWNS THE PHYSICAL PLANT IS AN AFFILIATE OF THE PERSON WHO OPERATES THE FACILITY AND HAS SIGNIFICANT CONTROL OVER THE DAY-TO-DAY OPERATIONS OF THE FACILITY, THE PERSON WHO OWNS THE PHYSICAL PLANT SHALL INCUR JOINTLY AND SEVERALLY WITH THE OWNER ALL LIABILITIES IMPOSED ON AN OWNER UNDER THE ACT.

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever. Person in Need of Mental Treatment - any person who is mentally ill and who, because of his illness, is reasonably expected to inflict serious physical harm upon himself or another in the near future or is unable to provide for his basic physical needs so as to guard himself from serious harm.

PERSONAL CARE - ASSISTANCE WITH MEALS, DRESSING, MOVEMENT, BATHING, OR OTHER PERSONAL NEEDS, OR GENERAL SUPERVISION AND OVERSIGHT OF THE PHYSICAL AND MENTAL WELL-BEING OF AN INDIVIDUAL, EXCLUSIVE OF NURSING, WHO BECAUSE OF AGE, PHYSICAL OR MENTAL DISABILITY, EMOTIONAL OR BEHAVIOR DISORDER, OR MENTAL RETARDATION IS INCAPABLE OF MAINTAINING A PRIVATE, INDEPENDENT RESIDENCE, OR WHO IS INCAPABLE OF MANAGING HIS PERSON WHETHER OR NOT A GUARDIAN HAS BEEN APPOINTED.

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the



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## Section 300.330 (continued)

Pharmacy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 4002 et seq.).

Physical Therapy Assistant - a person who has graduated from a two (2) year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Registration and Education as a physical therapist under the Illinois Physical Therapy License Act (Ill. Rev. Stat. 1983, ch. 111 par. 4201 et seq.)

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the "Medical Practice Act" (Ill. Rev. Stat. 1983, ch. 111, par. 4401 et seq.).

Probationary License - an initial license issued for a period of one hundred twenty (120) days during which time the Department will determine the qualifications of the applicant.

Program Coordinator - a qualified person directly responsible for the overall program, operation and management of a Community Living Facility.

Program Unit - a resident care unit in Specialized Living Facilities equivalent to a nursing unit in Skilled Nursing facilities as defined in this Part.

Psychiatrist - a physician who has had at least three (3) years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is registered with the Illinois Department of Registration and Education to practice clinical psychology.

Qualified Mental Retardation Professional - a person who is:

an educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded.

a physical or occupational therapist who has specialized training or one (1) year of experience in treating the

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## Section 300.330 (continued)

mentally retarded.

a physician licensed by the State of Illinois to practice medicine or osteopathy and with specialized training or one (1) year of experience in treating the mentally retarded.

a psychologist with at least a Master's Degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded.

a registered nurse with a valid current Illinois registration to practice as a registered professional nurse who has specialized training or one (1) year of experience in treating the mentally retarded.

a speech pathologist or audiologist who has specialized training or one (1) year of experience in treating the mentally retarded.

a registered social worker with a Bachelor's Degree in social work from an accredited program, or a Bachelor's Degree in a field other than social work and at least three (3) years social work experience under the supervision of a qualified social worker, and with specialized training or with one (1) year of experience in working with the mentally retarded.

a therapeutic recreation specialist who is a graduate of an accredited program and eligible for Certification by the National Council for Therapeutic Recreation Certification, and who has specialized training or one (1) year experience working with the mentally retarded.

a rehabilitation counselor who is certified by the Commission on Rehabilitation Counselor Certification and who has specialized training or one (1) year of experience in treating the mentally retarded.

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, certified, etc. by the State of Illinois, if required.

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REASONABLE VISITING HOURS - ANY TIME BETWEEN THE HOURS OF 10 A.M. AND 8 P.M. DAILY.

Registered Nurse - a person with a valid Illinois registration to practice as a registered professional nurse.

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two (2) or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

RESIDENT - PERSON RESIDING IN AND RECEIVING PERSONAL CARE FROM A FACILITY.

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

RESIDENT'S REPRESENTATIVE - A PERSON OTHER THAN THE OWNER, OR AN AGENT OR EMPLOYEE OF A FACILITY NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED.

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - the application of a device to limit movements.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

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## Section 300.330 (continued)

Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric and/or adaptive chairs, a wide band (minimum width six (6) inches), vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's self.

Satisfactory - same as adequate

Seclusion - the retention of a resident in a room which he cannot open.

Self Preservation - the ability to follow directions and/or recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

SHELTERED CARE - MAINTENANCE AND PERSONAL CARE.

Social Worker, Qualified - a person who:

is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and has one (1) year of social work experience in a health care setting.

Specified Living Facility - a facility which provide behaviorally oriented, psychosocial training to persons who have demonstrated an inability to adjust to settings with open, unmonitored community access. These services strive to effect an improved physical and mental condition, growth in social adaptation and integration, and an increased ability to cope with the problems of daily living. Individual capacity for self care and personal responsibility will be maximally encouraged and independence in room care, food preparation and laundry will be fostered.

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.



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## Section 300.330 (continued)

STOCKHOLDER OF A CORPORATION - ANY PERSON WHO, DIRECTLY OR INDIRECTLY, BENEFICIALLY OWNS, HOLDS OR HAS THE POWER TO VOTE, AT LEAST 5% OF ANY CLASS OF SECURITIES ISSUED BY THE CORPORATION.

Story - when used in these regulations means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

STUDENT INTERN - MEANS ANY PERSON WHOSE TOTAL TERM OF EMPLOYMENT IN ANY FACILITY DURING ANY 12-MONTH PERIOD IS EQUAL TO OR LESS THAN 90 CONTINUOUS DAYS, AND WHOSE TERM OF EMPLOYMENT IS EITHER:

AN ACADEMIC CREDIT REQUIREMENT IN A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION, OR

IMMEDIATELY SUCCEEDS A FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION, PROVIDED THAT SUCH PERSON IS REGISTERED FOR ANOTHER FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION WHICH QUARTER, SEMESTER OR TRIMESTER WILL COMMENCE IMMEDIATELY FOLLOWING THE TERM OF EMPLOYMENT.

Substantial - meeting requirements except for variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 300.280(q)(8), 300.280(k)(2) and 300.280(k)(4).

Substantial failure - the failure to meet requirements other than a variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 300.180(b)(1) and 300.260(f).

Sufficient - Same as adequate

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor

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## Section 300.330 (continued)

must be on the premises if the person does not meet assistant level (two (2) year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

TITLE XVIII - TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED.

TITLE XIX - TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED.

TRANSFER - A CHANGE IN STATUS OF A RESIDENT'S LIVING ARRANGEMENTS FROM ONE FACILITY TO ANOTHER FACILITY.

TYPE A VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM TO A RESIDENT WILL RESULT THEREFROM.

TYPE B VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.

~~Type C Violation - a violation of the Act or of the rules promulgated thereunder which creates a condition or occurrence relating to the operation and maintenance of a facility which indirectly threatens the health, safety or welfare of a resident.~~

Unit - an entire physically identifiable residence area, in Community Living Facilities consisting of not less than five (5) nor more than twenty (20) beds, and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are

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## Section 300.330 (continued)

established as set forth in the respective regulations governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Utensil Sanitizer - an apparatus for sanitizing unwrapped bulky type utensils by using boiling water and steam heat not under pressure.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.510 Administrator  
EMERGENCY

a) There shall be an administrator licensed under the "Illinois Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five (5) days. (6)

b) The administrator shall delegate in writing adequate authority to a person at least eighteen (18) years of age who is capable of acting in an emergency during his or her absence. Such administrative assignment shall not interfere with resident care and supervision. The administrator or the person designated by him/her to be in charge of the facility in his/her absence, shall be deemed by the Department to be the agent of the licensee for the purpose of Section 3-212 of the Nursing Home Care Reform Act, which requires Department staff to provide the licensee with a copy of their report before leaving the facility. (B3-6)

c) The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects. (6)

d) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council. (6)

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## Section 300.510 (continued)

e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. (A, B3-6)

f) If the facility has an assistant administrator, the Department shall be informed of the name and dates of employment and termination of this person. This will provide documentation of service to qualify for a license under the "Illinois Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.). (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.610 Resident Care Policies  
EMERGENCY

a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. (B3-6)

b) All the information contained in the policies shall be available to the public, staff, residents and for review by Department personnel. (6)

c) These written policies shall include, at a minimum the following provisions: (6)

- 1) Admission, transfer, and discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, etc. (6)
- 2) Resident care services including physician services, emergency services, personal care and nursing services, restorative



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services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray). (B<sub>7</sub>-6)

- 3) There shall be a policy prohibiting post mortems in the facility. (6)
  - 4) There shall also be a policy prohibiting blood transfusions, unless the facility is hospital connected and appropriate services are available in case of an adverse reaction to the transfusions. (B<sub>7</sub>-6)
  - d) The facility shall have a written agreement with one or more hospitals which indicates the hospital or hospitals will provide the following services. This requirement shall be waived when the facility can document to the satisfaction of the Department that by reason of remote location or refusal of local hospitals to enter an agreement, it is unable to effect such arrangements. (6)
  - 1) Emergency admissions. (6)
  - 2) Admission to a hospital of residents from the facility who are in need of hospital care. (6)
  - 3) Needed diagnostic services. (6)
  - 4) Any other hospital based services needed by the resident. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.620 Admission and Discharge Policies  
EMERGENCY

- a) No resident determined by professional evaluation to be in need of services not readily available in a particular facility, or through arrangement with a qualified outside resource, shall be admitted to, or kept in that facility, provided that all involuntary discharges and transfers shall be in accordance with Sections 3-401 - 3-423 of the Act. The Department defines a "qualified outside source" as one recognized as meeting professional standards for services provided. (B<sub>7</sub>-6)

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## Section 300.620 (continued)

- b) Each facility shall have a policy concerning the admission of persons needing prenatal and/or maternity care, and a policy concerning the keeping of such persons who become pregnant while they are residents of the facility. If these policies permit such persons to be admitted to, or kept in the facility, then the facility shall have a policy concerning the provision of adequate and appropriate prenatal and maternity care to such individuals from in-house and/or outside resources. (6)
- c) No resident shall be admitted to, or kept in, the facility:
  - 1) Who requires mental treatment as defined in the "Mental Health and Developmental Disabilities Code." (11. Rev. Stat. 1979, ch. 91 1/2, par. 1-100 et seq.), provided that all involuntary discharges and transfers shall be in accordance with Sections 3-401 - 3-423 of the Act (See definition of "Person in Need of Mental Treatment" in Section 300.330.) (B<sub>7</sub>-6)
  - 2) Who is destructive of property, himself, or others, provided that all involuntary discharges and transfers shall be in accordance with Sections 3-401 - 3-423 of the Act. (B<sub>7</sub>-6)
  - 3) Who is developmentally disabled and who needs programming for such conditions, as described in the ICF/DD Standards. Such person shall only be admitted to or kept in facilities licensed as ICF/DD, or if under eighteen (18), in a long-term care facility for persons under twenty-two (22) years of age. Persons from eighteen (18) to twenty-one (21) in need of such care may be kept in either facility, provided that all involuntary discharges and transfers shall be in accordance with Sections 3-401 - 3-423 of the Act. (B<sub>7</sub>-6)
  - d) Persons under eighteen (18) years of age may not be cared for in a facility for adults without prior written approval from the Department. (6)
  - e) A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident himself or, if incompetent, by the resident's guardian. (6)
  - f) If a resident insists on and is discharged against medical advice, the facts involved in the situation shall be fully documented in his clinical record. (6)
  - g) No resident shall be admitted with a communicable, contagious or

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infectious disease except as set forth in Section 300.1020 (a)-(d).  
(A, B<sub>7</sub>-6)

- h) A facility shall not admit more residents than the number authorized by the license issued to it. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.630 Contract Between Resident and Facility

EMERGENCY

- a) 1) BEFORE A PERSON IS ADMITTED TO A FACILITY, OR AT THE EXPIRATION OF THE PERIOD OF PREVIOUS CONTRACT, OR WHEN THE SOURCE OF PAYMENT FOR THE RESIDENT'S CARE CHANGES FROM PRIVATE TO PUBLIC FUNDS OR FROM PUBLIC TO PRIVATE FUNDS, A WRITTEN CONTRACT SHALL BE EXECUTED BETWEEN A LICENSEE AND THE FOLLOWING IN ORDER OF PRIORITY:

- A) THE PERSON, OR IF THE PERSON IS A MINOR, HIS PARENT OR GUARDIAN; OR
- B) THE PERSON'S GUARDIAN, IF ANY, OR AGENT, IF ANY, AS DEFINED IN SECTION 11a-23 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREAFTER AMENDED; OR
- C) A MEMBER OF THE PERSON'S IMMEDIATE FAMILY.

- 2) AN ADULT PERSON SHALL BE PRESUMED TO HAVE THE CAPACITY TO CONTRACT FOR ADMISSION TO A LONG-TERM CARE FACILITY UNLESS HE HAS BEEN ADJUDICATED A "DISABLED PERSON" WITHIN THE MEANING OF SECTION 11a-2 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREAFTER AMENDED, OR UNLESS A PETITION FOR SUCH AN ADJUDICATION IS PENDING IN A CIRCUIT COURT OF ILLINOIS.

- 3) IF THERE IS NO GUARDIAN, AGENT OR MEMBER OF THE PERSON'S IMMEDIATE FAMILY AVAILABLE, ABLE OR WILLING TO EXECUTE THE CONTRACT REQUIRED BY SECTION 2-202 OF THE ACT AND A PHYSICIAN DETERMINES THAT A PERSON IS SO DISABLED AS TO BE UNABLE TO CONSENT TO PLACEMENT IN A FACILITY, OR IF A PERSON HAS ALREADY BEEN FOUND TO BE A "DISABLED PERSON", BUT NO ORDER HAS BEEN ENTERED ALLOWING RESIDENTIAL PLACEMENT OF THE PERSON, THAT PERSON MAY BE ADMITTED TO A FACILITY BEFORE THE EXECUTION OF A

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## Section 300.630(a)(3) (continued)

CONTRACT REQUIRED BY THAT SECTION; PROVIDED THAT A PETITION FOR GUARDIANSHIP OR FOR MODIFICATION OF GUARDIANSHIP IS FILED WITHIN 15 DAYS OF THE PERSON'S ADMISSION TO A FACILITY, AND PROVIDE FURTHER THAT SUCH A CONTRACT IS EXECUTED WITHIN 10 DAYS OF THE DISPOSITION OF THE PETITION.

- 4) NO ADULT SHALL BE ADMITTED TO A FACILITY IF HE OBJECTS, ORALLY OR IN WRITING, TO SUCH ADMISSION, EXCEPT AS OTHERWISE PROVIDED IN CHAPTERS III AND IV OF THE "MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE", AS AMENDED, OR SECTION 11a-14.1 OF THE "PROBATE ACT OF 1975", AS AMENDED.
- 5) If on the effective date of this Part, a person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of the person, within ten (10) days of the effective date of these rules, unless a petition has been filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or a member of the person's immediate family available, able, or willing to execute the contract at that time, then a contract shall be executed within ten (10) days of the disposition of such petition.

- b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)." (6)
- c) A RESIDENT SHALL NOT BE DISCHARGED OR TRANSFERRED AT THE EXPIRATION OF THE TERM OF A CONTRACT, EXCEPT AS PROVIDED IN SECTIONS 3-401 THROUGH 3-423 OF THE ACT. (6)
- d) AT THE TIME OF THE RESIDENT'S ADMISSION TO THE FACILITY, A COPY OF THE CONTRACT SHALL BE GIVEN TO THE RESIDENT, HIS GUARDIAN, IF ANY, AND ANY OTHER PERSON WHO EXECUTED THE CONTRACT. (6)
- e) The contract shall be signed by the licensee or his agent. The title of each person signing the contract for the facility shall be clearly indicated next to each such signature. The nursing home administrator may sign as the agent of the licensee. (6)
- f) The contract shall be signed by, or for, the resident, as described in subsection (a) above. If any person other than the principal signatory is to be held individually responsible for payments due under the contract that person shall also sign the contract on a separate signature line labelled "signature of responsible party" or



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"signature of guarantor." (6)

- g) The contract shall include a definition of "responsible party" or "guarantor" which describes in full the liability incurred by any such person. (6)
- h) A COPY OF THE CONTRACT FOR A RESIDENT WHO IS SUPPORTED BY NONPUBLIC FUNDS OTHER THAN THE RESIDENT'S OWN FUNDS SHALL BE MADE AVAILABLE TO THE PERSON PROVIDING THE FUNDS FOR THE RESIDENT'S SUPPORT. (6)
- i) THE ORIGINAL OR A COPY OF THE CONTRACT SHALL BE MAINTAINED IN THE FACILITY AND BE MADE AVAILABLE UPON REQUEST TO REPRESENTATIVES OF THE DEPARTMENT AND THE DEPARTMENT OF PUBLIC AID. (6)
- j) THE CONTRACT SHALL BE WRITTEN IN CLEAR AND UNAMBIGUOUS LANGUAGE AND SHALL BE PRINTED IN NOT LESS THAN 12 POINT TYPE. (6)
- k) THE CONTRACT SHALL SPECIFY THE TERM OF THE CONTRACT. (6)
- l) THE CONTRACT SHALL SPECIFY THE SERVICES TO BE PROVIDED UNDER THE CONTRACT AND THE CHARGES FOR THE SERVICES.

A paragraph shall itemize the services and products to be provided by the facility and express the cost of the itemized services and products to be provided either in terms of a daily, weekly, monthly or yearly rate, or in terms of a single fee. (6)

- m) THE CONTRACT SHALL SPECIFY THE SERVICES THAT MAY BE PROVIDED TO SUPPLEMENT THE CONTRACT AND THE CHARGES FOR THE SERVICES.

- 1) A paragraph shall itemize all services and products offered by the facility or related institutions which are not covered by the rate or fee established above in subsection (1). If a separate rate or fee for any such supplemental service or product can be calculated with definiteness at the time the contract is executed then such additional cost shall be specified in the contract. (6)
- 2) If the cost of any itemized service or product to be provided by the facility or related institutions to the resident cannot be established or predicted with definiteness at the time of the resident's admission to the facility or at the time of the execution of the contract, then no cost for that service or product need be stated in the contract. But the contract shall

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include a statement explaining the resident's liability for such itemized service or product and explaining that the resident will be receiving a bill for such itemized service or product beyond and in addition to any rate or fee set forth in the contract. (6)

- n) THE CONTRACT SHALL SPECIFY THE SOURCES LIABLE FOR PAYMENT DUE UNDER THE CONTRACT. (6)

- o) THE CONTRACT SHALL SPECIFY THE AMOUNT OF DEPOSIT PAID.

Such amount shall be expressed in terms of a precise number of dollars and be clearly designated as a deposit. The contract shall specify when such deposit shall be paid by the resident and the contract shall specify when such deposit shall be returned by the facility. The contract shall specify the conditions (if any) which must be satisfied by the resident before the facility shall return the deposit. Upon the satisfaction of all such conditions the deposit shall be returned to the resident. If the deposit is nonrefundable the contract shall provide express notice of such nonrefundability. (6)

- p) THE CONTRACT SHALL SPECIFY THE RIGHTS, DUTIES AND OBLIGATIONS OF THE RESIDENT, EXCEPT THAT THE SPECIFICATION OF A RESIDENT'S RIGHTS MAY BE FURNISHED ON A SEPARATE DOCUMENT WHICH COMPLIES WITH THE REQUIREMENTS OF SECTION 2-211 OF THE ACT. (6)

- q) THE CONTRACT SHALL DESIGNATE THE NAME OF THE RESIDENT'S REPRESENTATIVE, IF ANY. THE RESIDENT SHALL PROVIDE THE FACILITY WITH A COPY OF THE WRITTEN AGREEMENT BETWEEN THE RESIDENT AND THE RESIDENT'S REPRESENTATIVE WHICH AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO INSPECT AND COPY THE RESIDENT'S RECORDS AND AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO EXECUTE THE CONTRACT ON BEHALF OF THE RESIDENT REQUIRED BY SECTION 2-202 OF THE ACT. (6)

- r) THE CONTRACT SHALL PROVIDE THAT IF THE RESIDENT IS COMPELLED BY A CHANGE IN PHYSICAL OR MENTAL HEALTH TO LEAVE THE FACILITY, THE CONTRACT AND ALL OBLIGATIONS UNDER IT SHALL TERMINATE ON SEVEN (7) DAYS NOTICE. IT SHALL ALSO PROVIDE THAT IN ALL OTHER SITUATIONS, A RESIDENT MAY TERMINATE THE CONTRACT AND ALL OBLIGATIONS UNDER IT WITH THIRTY (30) DAYS NOTICE. ALL CHARGES SHALL BE PRORATED AS OF THE DATE ON WHICH THE CONTRACT TERMINATES, AND, IF ANY PAYMENTS HAVE BEEN MADE IN ADVANCE, THE EXCESS SHALL BE REFUNDED TO THE RESIDENT. THIS PROVISION SHALL NOT APPLY TO LIFE-CARE CONTRACTS THROUGH WHICH A

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## Section 300.630(r) (continued)

FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE NOR TO CONTINUING-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL AVAILABLE FORMS OF FINANCIAL SUPPORT IN PROVIDING MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE. (6)

- s) After July 1, 1982, all facilities which offer to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services, for a term in excess of one year or for life pursuant to a life care contract, shall meet all of the provisions of the "Life Care Facilities Act," (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4160-1 et seq.) as now or hereafter amended, including the obtaining of a permit from the Department, before they may enter into such contracts. (6)

- t) IN ADDITION TO ALL OTHER CONTRACT SPECIFICATIONS CONTAINED IN THIS SECTION, ADMISSION CONTRACTS SIGNED OR RENEWED AFTER JULY 1, 1985, SHALL ALSO SPECIFY: (6)

- 1) WHETHER THE FACILITY ACCEPTS MEDICAID CLIENTS;
- 2) WHETHER THE FACILITY REQUIRES A DEPOSIT OF THE RESIDENT OR HIS FAMILY PRIOR TO THE ESTABLISHMENT OF MEDICAID ELIGIBILITY;
- 3) IN THE EVENT THAT A DEPOSIT IS REQUIRED, A CLEAR AND CONCISE STATEMENT OF THE PROCEDURE TO BE FOLLOWED FOR THE RETURN OF SUCH DEPOSIT TO THE RESIDENT OR THE APPROPRIATE FAMILY MEMBER OR GUARDIAN OF THE PERSON;
- 4) THAT ALL DEPOSITS MADE TO A FACILITY BY A RESIDENT, OR ON BEHALF OF A RESIDENT, SHALL BE RETURNED BY THE FACILITY WITHIN 30 DAYS OF THE ESTABLISHMENT OF MEDICAID ELIGIBILITY, UNLESS SUCH DEPOSITS MUST BE DRAWN UPON OR ENCUMBERED IN ACCORDANCE WITH MEDICAID ELIGIBILITY REQUIREMENTS ESTABLISHED BY THE ILLINOIS DEPARTMENT OF PUBLIC AID. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-202(j))
- u) IT SHALL BE A BUSINESS OFFENSE FOR A FACILITY TO KNOWINGLY AND INTENTIONALLY BOTH RETAIN A RESIDENT'S DEPOSIT AND ACCEPT MEDICAID PAYMENTS ON BEHALF OF THE RESIDENT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-202(k))

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

Section 300.640 Residents' Advisory Council  
EMERGENCY

- a) EACH FACILITY SHALL ESTABLISH A RESIDENT'S ADVISORY COUNCIL consisting of at least five (5) resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. THE ADMINISTRATOR SHALL DESIGNATE A MEMBER OF THE FACILITY STAFF other than himself/herself TO COORDINATE THE ESTABLISHMENT OF, AND RENDER ASSISTANCE TO, THE COUNCIL. (6)
- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following: (6)
  - 1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the resident advisory council;
  - 2) the establishment of a separate community advisory group with persons of the residents' choosing;
  - 3) finding a church or civic group to "adopt" the facility; or,
  - 4) the establishment of a family council made up of families and friends of residents who live in the community.
- c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council. (6)
- d) In facilities of fifty beds or less, the resident advisory council may consist of all of the residents of the facility, if the residents choose to operate this way. (6)
- e) All resident advisory councils shall elect at least a Chairperson/President and a Vice Chairperson/Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance. (6)
- f) Some facilities may wish to establish mini-resident advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents'



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## Section 300.640(f) (continued)

advisory council with the composition described in subsection (a) above. (6)

- g) All residents' advisory council meetings shall be open to participation by all residents and/or their representatives. (6)
- h) NO EMPLOYEE OR AFFILIATE OF ANY FACILITY SHALL BE A MEMBER OF ANY COUNCIL. Such persons may attend to discuss interests or functions of the non-members when invited by a majority of the officers of the residents' advisory council. (6)
- i) THE COUNCIL SHALL MEET AT LEAST ONCE EACH MONTH WITH THE STAFF COORDINATOR WHO SHALL PROVIDE ASSISTANCE TO THE COUNCIL IN PREPARING AND DISSEMINATING A REPORT OF EACH MEETING TO ALL RESIDENTS, THE ADMINISTRATOR, AND THE STAFF.
- j) THESE MEETINGS SHALL BE OPEN TO ALL RESIDENTS OF THE FACILITY. (6)
- k) RECORDS OF THE COUNCIL MEETINGS SHALL BE MAINTAINED IN THE OFFICE OF THE ADMINISTRATOR. (6)
- 1) THE RESIDENTS' ADVISORY COUNCIL MAY COMMUNICATE TO THE ADMINISTRATOR THE OPINIONS AND CONCERNS OF THE RESIDENTS. THE COUNCIL SHALL REVIEW PROCEDURES FOR IMPLEMENTING RESIDENT RIGHTS AND FACILITY RESPONSIBILITIES AND MAKE RECOMMENDATIONS FOR CHANGES OR ADDITIONS WHICH WILL STRENGTHEN THE FACILITY'S POLICIES AND PROCEDURES AS THEY EFFECT RESIDENTS' RIGHTS AND FACILITY RESPONSIBILITIES.
- m) THE COUNCIL SHALL BE A FORUM FOR:
  - 1) OBTAINING AND DISSEMINATING INFORMATION;
  - 2) SOLICITING AND ADOPTING RECOMMENDATIONS FOR FACILITY PROGRAMING AND IMPROVEMENTS;
  - 3) EARLY IDENTIFICATION OF PROBLEMS;
  - 4) RECOMMENDING ORDERLY RESOLUTION OF PROBLEMS.
- n) THE COUNCIL MAY PRESENT COMPLAINTS ON BEHALF OF A RESIDENT TO THE DEPARTMENT, OR TO ANY OTHER PERSON IT CONSIDERS APPROPRIATE.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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## Section 300.650 Personnel Policies

## EMERGENCY

- a) There shall be written personnel policies which are followed in the operation of the facility that shall include, at a minimum the following: (6)
  - 1) Employment application forms shall be completed on each employee and kept on file in the facility. They shall be available to Department personnel for review. These forms shall contain date of employment, age or birthdate, home address, educational background, past experience including types of employment, where previously employed, type of position employed to fill in this facility, last day employed (if no longer in present facility) and reasons for leaving. (6)
  - 2) In addition to the application form, the individual personnel file shall contain other pertinent personnel data such as health records and evaluation of performance. (6)
  - 3)
    - A) Each employee shall have a physical examination which has been conducted within a period of ten (10) days before or after employment and annually thereafter. This shall include findings that permit certification that the employee is free of communicable, contagious or infectious diseases. Additional physical examinations may be requested at the discretion of the Department according to the rules for "The Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health. This initial physical exam shall include documentation regarding past or present tuberculosis infection determined by either a tuberculosis skin test or chest x-ray taken within one (1) year prior to or ten (10) days after initial employment.
    - B) Repeat skin tests and/or chest x-rays are not required unless the employee is exposed to a person with tuberculosis in its contagious stage or has signs and symptoms of disease. However, they are highly recommended, especially for persons residing or working in high-risk areas of the State.
    - C) It is also recommended that employees who have been infected with tuberculosis (positive skin reaction) and have not had a full course of chemoprophylaxis or chemotherapy should complete one (1) year of daily

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.650(a)(3)(C) (continued)

isoniazid (INH) unless contraindicated because of age or physical condition. Depending on their risk of developing disease, as determined by their physician, employees who have been infected and have not been able to complete a full course of preventive treatment should have a chest x-ray annually. (B<sub>5</sub>-6)

- 4) An employee diagnosed or suspected of having a contagious or infectious disease shall not be on duty until such time as a written statement is obtained from a physician that the disease is no longer contagious or is found to be noninfectious. (B<sub>5</sub>-6)

## b) General

- 1) All personnel shall have either training or experience, or both, in the job assigned to them. (B<sub>5</sub>-6)
- 2) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and, understanding and communicating with the type of residents being cared for in the facility, such as geriatric, pediatric, developmentally disabled, etc. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures concerning topics listed in Section 300.610(c)(2) before being assigned to provide direct care to residents. This orientation program shall include material regarding the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.

- 3) Each employee except student interns shall attend in-service training programs covering each of the subjects listed in Section 300.610(c)(2) pertaining to his or her assigned duties at least annually. These in-service training programs shall include material regarding the facility's policies, skill training and ongoing education carried out to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include material concerning prevention and treatment of decubitus ulcers (commonly known as bedsores). In-service training concerning dietary services

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## Section 300.650(b)(3) (continued)

shall include material concerning effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and personnel attending shall be kept. (B<sub>5</sub>-6)

- 4) No employee shall be assigned duties other than those directly related to his job functions, as identified in his job description, except in emergencies. (6)
- 5) There shall be a plan to provide a program of personnel coverage for regular staff when they are absent. (A, B)
- 6) Every facility shall have a dated weekly employee time schedule posted in a convenient place where employees may refer to it. This shall contain the employee's name, job title, shift assignment, hours of work, and days off. These shall be kept on file in the facility for one (1) year. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.660 Basic Nursing Assistant Training Program

EMERGENCY

- a) 1) Each facility shall ensure that all persons employed as nursing assistants comply with one of the following conditions within 45 days of initial employment: (B<sub>5</sub>-6)
  - A) Enroll in a 120-hour Department of Public Health approved Basic Nursing Assistant Training Program. Such course shall be successfully completed within 120 days of initial employment;
  - B) Attend a recognized Nursing Assistant Training Program registered with the Department of Public Health and successfully complete the Department's proficiency examination;
  - C) Successfully complete the Department's proficiency examination; or
  - D) Prove exemption from training, by prior work experience as



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## Section 300.660(a)(1)(D) (continued)

outlined in Section 3-206 of the Act (continuously employed at same facility for one (1) year or employed at more than one (1) facility for two (2) years as a nursing assistant prior to March 1, 1980).

- 2) NO PERSON WHO MEETS THE DEFINITION OF STUDENT INTERN SHALL BE REQUIRED TO COMPLETE A CURRENT COURSE OF TRAINING FOR NURSING ASSISTANTS, OR SUCCESSFULLY COMPLETE THE DEPARTMENT'S PROFICIENCY EXAMINATION.
- 3) Interns may be utilized for the more basic nursing assistant practices, but will not be allowed to provide rehabilitation nursing, in-bed bathing, assistance with skin care, foot care, enemas or any medical procedure, except under the direct, immediate supervision of a licensed nurse or certified nursing assistant.
- 4) No facility will be allowed to have more than 15% of its nursing assistant work force composed of student interns.
- b) Equivalency may be established by any one of the following:
  - 1) Documentation of successful completion of a training course approved by another state as evidenced by a diploma or certificate.
  - 2) Documentation of at least one year of continuous employment as a nursing assistant in one licensed hospital/Home Health Agency between March 1, 1975, and March 1, 1980, as evidenced by personnel records.
  - 3) Documentation of employment as a nursing assistant for two or more years in more than one licensed hospital/Home Health Agency between March 1, 1975, and March 1, 1980, as evidenced by personnel records.
  - 4) Documentation of successful completion of a nursing arts course in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school.
  - 5) Documentation of successful completion of a nursing assistant training course approved by the Illinois Board of Education, between March 1, 1979, and March 1, 1980, as evidenced by a diploma or certificate. (A, B)

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## Section 300.660(b) (continued)

- 6) Documentation of one year of employment as a nursing assistant in one facility with an interruption due to sick leave or education leave not exceeding six (6) weeks during the year ending March 1, 1980.
- 7) Requests to establish equivalency should be submitted to the Office of Health Regulation with accompanying documentation.
- c) Criteria For A State Approved Basic Nursing Assistant Training Program are as follows:
  - 1) Application Procedures  
The following information must be furnished to the Department at least sixty (60) days in advance of the training program. Programs submitted and approved under the Home Health Agency Licensing Act (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 280, et seq.) shall be deemed to meet this Part. Each facility providing its own training must apply for individual program approval. Retroactive approval will not be granted.
  - 2) Program rationale; i.e., philosophy, purpose and brief summary that identifies sponsoring agency, and faculty qualifications.
  - 3) Complete outline including program title, objectives, content, and methodology delineated by hour. The instructor has flexibility of teaching content in desired outline.
  - 4) Location and scheduled dates of program (including future dates). If programs are canceled or rescheduled for any reason, the Department must be notified prior to delivery date for purposes of monitoring.
  - 5) A copy of the evaluation tool must be included. The evaluation tool must evaluate the objectives, content, clinical performance and instructors.
  - 6) Submitted materials will be reviewed by the Department and the program sponsor will be notified of the Department's action. If the program is not approved, the reason for this decision will be given to the program sponsor.
  - 7) If a program is not approved, the program sponsor may, after making the appropriate modifications, reapply for approval.
  - 8) Orientation to the specific policies of the employing agency

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Section 300.660(c)(8) (continued)

Section 300.660(d) (continued)

- shall be in addition to the one hundred twenty (120) hours of instruction.

9) Any change in content, objectives, or instructional staff must be submitted for review.

10) All approved training programs must be resubmitted on an annual basis for continued approval. In the resubmission process, please refer to the number assigned by the Department.

11) A) The course instructor shall be a registered nurse with a current Illinois license who has no other duties while engaged in the training program, and who meets one of the following qualifications:

i) Valid Illinois teaching certificate or Community College approved instructor with at least one semester of teaching experience;

ii) Verification of attendance at the Department Train The Trainer Workshop (Licensed Practical Nurses (LPN's) who attended prior to the effective date of the Act shall qualify);

iii) Evidence of at least one semester of formal teaching experience.

B) Instructors' vitae must be submitted.

12) The basic content must be presented in a minimum time frame of three (3) weeks, but not to exceed a maximum of one hundred twenty (120) days unless it is being done by a recognized educational institution on a term, semester or trimester basis. A ratio of two (2) hours of theory including supervised laboratory to one (1) hour of supervised clinical practice (direct nursing care) must be reflected in the one hundred twenty (120) hours minimum of training. Term, semester and trimester courses may be submitted by an educational institution. The program must include designated hours for clinical practice and evidence of agency agreements.

d) Course Requirements.  
The Basic Nursing Assistant Training Program shall include at a minimum:
- 1) Module I -- Orientation.

A) Functions of health care facilities. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) differentiate between the hospital, long term care facility, and home health aide programs as to their basic purposes and what each expects of the nursing assistant.

ii) define the functions of the nursing assistant and be aware of the ethical implications and the legal limitations.

iii) develop a beginning understanding and appreciation of the responsibility of the nursing assistant as a member of the health care team.

B) Home Health Agencies and the health care professions. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) discuss the purpose and organization of a home health agency.

ii) identify the members of the home health care team and their respective tasks.

iii) apply learned basic nursing procedures to the home setting making appropriate modifications.

C) Philosophy of patient care. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) understand the uniqueness and reward of caring for the geriatric patient.

ii) demonstrate an awareness of the ethics involved in the position.

iii) develop an understanding of the patient-family relationship.



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## Section 300.660(d)(1) (continued)

## Section 300.660(d)(1) (continued)

D) The role of the multidisciplinary health care team. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) define the role of the nursing assistant in the long-term care facility.
- ii) identify and discuss roles of the multidisciplinary team and the integration of services for the total care of the patient.

iii) identify the "chain of command" in the organizational structure of a long-term care facility.

E) Personal qualities of the nursing assistant. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) meet standards of appearance and general behavior.
- ii) be aware of the importance of punctuality and confidentiality.
- iii) demonstrate an awareness of the empathy and compassion, particularly to the elderly.

F) Duties of the nurse assistant. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) develop an understanding of nursing assistant duties.
- ii) develop an understanding of the why's of patient care.
- iii) define the functions of the nursing assistant and be aware of legal implications.

G) Medical terminology. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) develop an awareness of the very basic abbreviations and symbols utilized in medical terminology.
- ii) meet the written standards for charting on the medical record.

H) Recording. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) demonstrate an awareness of the principles of accurate observation and recording.
- ii) discuss the various forms utilized in the medical record system.

## 2) Module II -- Introduction to the patient.

A) Communication and interpersonal relationships with patients, families and others. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) develop an awareness of appropriate communication between staff/patients, staff/families, families/patient, staff/staff.
- ii) develop communication techniques.
- iii) demonstrate the ability to understand verbal and nonverbal communication.

B) Psychological needs of patient and family. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) develop an awareness of sensitivity to the patient's need for feelings of self worth.
- ii) demonstrate the ability to listen.
- iii) understand the necessity to develop and maintain harmony between patient and family.

C) Normal growth and development. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) list and describe Maslow's hierarchy of needs.
- ii) describe the continuum of life cycle.
- iii) develop an awareness of normalcy and deviations.

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## Section 300.660(d) (continued)

- 3) Module III -- Your working environment.
- A) Cleanliness in the health care setting and patient homes.  
Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) define the principles of medical asepsis.
  - ii) demonstrate an awareness of the importance of cleanliness in health care institutions.
  - iii) demonstrate the ability to modify medical asepsis technique for the home setting.
- B) Principles of handwashing. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) discuss the need for handwashing before and after each task and before and after direct patient contact.
  - ii) demonstrate that an understanding of good handwashing technique will prevent the spread of disease.
  - iii) demonstrate the ability to wash hands using the learned technique.
- C) Principles of disinfection. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) List the methods of disinfection.
  - ii) demonstrate an awareness of handling disinfected articles.
  - iii) differentiate between "clean" and "dirty."
- D) Principles of sterilization. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) explain the relationship between microorganism and infection control.
  - ii) list the conditions necessary for microorganism growth.
  - iii) develop an awareness of the process of killing all bacteria.

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## Section 300.660(d)(3) (continued)

- E) Techniques of disinfection. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) discuss the various methods of disinfecting.
  - ii) develop an awareness of relevant time necessary for disinfection.
  - iii) list articles that can be safely disinfected.
- F) Maintaining equipment and supplies. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) develop an understanding of the proper usage of equipment used in the personal/nursing care of residents.
  - ii) demonstrate proper usage, cleaning and storing of equipment.
  - iii) develop an awareness of the reporting system relevant to proper maintenance of equipment.
- 4) Module IV -- Safety.
- A) Body mechanics. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) discuss techniques of proper body mechanics.
  - ii) demonstrate good body mechanics for the benefit of the patient and nursing assistant.
  - iii) relate use of body mechanics to basic musculo-skeletal anatomy.
- B) Fire safety. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) identify potential fire hazards.
  - ii) identify and apply rules for safety, fire and disaster.
  - iii) state his/her role in facility's fire and disaster plan.



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## Section 300.660(d)(4) (continued)

- C) Disaster. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) identify designated supervisory personnel in the event of disaster.
  - ii) develop an understanding of the disaster manual.
  - iii) state his/her role in facility's safety, fire and disaster plan.

- 5) Module V -- The patient's unit. Bedmaking procedures - unoccupied and occupied. Objectives: Upon completion of this unit of instruction, the student will be able to:

- A) identify the patient's need for a clean and comfortable environment.
- B) identify the purpose of and procedure for making the unoccupied and occupied bed.
- C) demonstrate proper bedmaking procedure.

- 6) Module VI -- Lifting, moving and transporting patients.

- A) In bed. Objectives: Upon completion of this unit of instruction, the student will be able to:
  - i) describe briefly the musculo-skeletal system.
  - ii) realize needs for motion in joints and muscle activity.
  - iii) maintain correct body alignment.
- B) Ambulatory. Objectives: Upon completion of this unit of instruction, the student will be able to:
  - i) safely ambulate patients.
  - ii) demonstrate proper body mechanics.
  - iii) develop an awareness of the physical ability of each patient.

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## Section 300.660(d)(6) (continued)

- C) Wheelchair. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) apply safety principles involved in transporting patient wheelchair.
  - ii) demonstrate proper body mechanics.
  - iii) provide for privacy when transferring the patient from bed to wheelchair.
- D) Stretcher. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) identify and apply rules for safety for patient transfer.
  - ii) demonstrate good body mechanics.
  - iii) provide for privacy when transferring the patient from bed to stretcher.

## 7) Module VII -- Basic Anatomy.

- A)
  - i) Anatomy of the Skeletal System.
  - ii) Anatomy of the Circulatory System.
  - iii) Anatomy of the Digestive System.
  - iv) Anatomy of the Respiratory System.
  - v) Anatomy of the Urinary System.
  - vi) Anatomy of the Muscular System.
  - vii) Functioning of the human body as related to the disease process.
- B) Objectives: Upon completion of this unit of instruction, the student will be able to:
  - i) develop an understanding of human anatomy and its relationship to normal function.

- Section 300.660(d)(7)(B) (continued)

ii) identify and discuss simple disease processes.

iii) explain how body systems work together.

8) Module VIII -- Personal care of the patient.

A)

i) Oral hygiene.

ii) Bathing procedures.

iii) Care of the back, feet and skin.

iv) Observing and reporting.

B)

Objectives: Upon completion of this unit of instruction, the student will be able to:

i) identify basic human needs (physical, emotional, social and religious) of the patient.

ii) demonstrate the ability to recognize basic human needs in patient behavior.

iii) demonstrate proper medical asepsis technique.

iv) demonstrate methods to detect incipient or manifest decubitis ulcers.

v) demonstrate measures to prevent decubitis ulcers, such as proper positioning and turning.

vi) identify the patient's need for a clean environment.

vii) observe and report care given.

9) Nutrition.

A) Diets - therapeutic diets. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) describe briefly the use of basic nutrients and fluids by the body.

ii) list the basic four groups and name daily requirements of each.

Section 300.660(d)(9)(A) (continued)

iii) identify modified diets and understand the reasons for modification.

B) Feeding techniques. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) describe briefly the anatomy of digestion.

ii) develop an awareness of the patient's eating limitations.

iii) serve and assist patient with feeding.

C) Nourishments. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) develop an understanding of intermittent nourishments and dietary supplements.

ii) demonstrate the ability to properly distribute nourishments.

iii) accurately report and record diet and fluid intake.

10) Module X -- Fluid balance.

A) Measuring fluid intake and output. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) describe briefly the anatomy of elimination.

ii) demonstrate the ability to measure intake and output.

iii) accurately report and record intake and output.

B) Forcing and restricting fluids. Objectives: Upon completion of this unit of instruction, the student will be able to:

i) identify problems associated with bowel and bladder management.

ii) develop an understanding of fluid balance in the body.

iii) accurately report and record patient's fluid intake.



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## Section 300.660(d)(10) (continued)

- C) Specimen collection. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) describe briefly the anatomy related to body discharge and elimination.
- ii) demonstrate how to collect stool, urine, and other specimens.
- iii) accurately report and record urinary, fecal, and other output.

- 11) Module XI -- Observing and recording vital signs.

- A) i) Taking the temperature.

- ii) Taking pulse.

- iii) Taking respirations.

- iv) Taking blood pressure.

- v) Recording vital signs.

- B) Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) state the meaning and importance of temperature, pulse, respirations, and blood pressure.

- ii) demonstrate how to properly measure temperature, pulse, respirations, and blood pressure.

- iii) accurately report and record temperature, pulse, respirations, and blood pressure.

- 12) Module XII -- Supportive care.

- A) Heat applications. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) describe the various methods of heat application.

- ii) demonstrate the use of safety measures involved in applying hot applications.

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## Section 300.660(d)(12)(A) (continued)

- iii) report and record treatment given.

- B) Cold applications. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) describe the various methods of cold application.

- ii) demonstrate the use and safety measures involved in applying cold applications.

- iii) report and record treatment given.

- C) Enemas. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) describe briefly the anatomy of elimination.

- ii) demonstrate how to administer an enema.

- iii) accurately report and record the procedures and results.

- D) The vaginal douche - external and internal. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) describe briefly the anatomy of the reproductive system.

- ii) demonstrate the procedure of administering an external and internal douche.

- iii) accurately report and record the procedure.

- E) Catheters and tubing. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) develop a basic understanding of the use of catheters and tubing.

- ii) discuss the use of specific catheters and tubing.

- iii) develop an understanding of the maintenance and storage of catheters and tubing.

## Section 300.660(d) (continued)

- 13) Module XIII -- Fundamentals of Rehabilitation Nursing.
- A) Philosophy of rehabilitation nursing. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) discuss the intrinsic worth of affected persons.
  - ii) develop a beginning understanding of the fundamentals of rehabilitation.
  - iii) identify methods of treating the whole patient for restoration of function.
- B) Principles of rehabilitation nursing. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) demonstrate an understanding of the concepts of rehabilitation nursing.
  - ii) identify the four cardinal principles of rehabilitation nursing.
  - iii) develop an awareness of the treatment process of rehabilitation as well as the legal implications.
- C) Concepts of activities of daily living. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) describe and discuss the use of adaptive tools for the disabled person.
  - ii) develop an awareness of sensitivity to the patient's need for feelings of self-esteem.
  - iii) motivate the patient to work toward independence and self-care.
- 14) Module XIV -- Patient care planning.
- A) Patient admission.
- i) Patient admission.

## Section 300.660(d)(14)(A) (continued)

- ii) Patient transfer.
  - iii) Patient discharge.
- B) Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) be aware of the emotional implications of admission, transfer, and discharge.
  - ii) demonstrate the procedures for admission, transfer, and discharge.
  - iii) observe, report, and record accurately.
- 15) Module XV -- The patient in isolation.
- A) Isolation techniques. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) discuss communicable diseases and the nature of isolation techniques.
  - ii) differentiate between "clean" and "dirty."
  - iii) discuss the difference between regular and reverse isolation procedures.
- B) Physiological aspects of isolation. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) demonstrate isolation precautions and procedures.
  - ii) demonstrate isolation procedures including handwashing, masking, gowning, food and elimination precautions.
  - iii) accurately report and record isolation procedures.
- C) Psychological aspects of isolation. Objectives: Upon completion of this unit of instruction, the student will be able to:
- i) be aware and empathetic to the patient's fear and



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## Section 300.660(d)(15)(C)(i) (continued)

## loneliness.

- ii) identify untoward behavior of the isolated patient.
- iii) accurately observe and record patient's emotional reaction to the isolation process.

## D) Isolation in the home. Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) apply learned isolation techniques making necessary modifications for home care.
- ii) communicate effectively with the patient and family relevant to the isolation process.
- iii) accurately observe, report, and record the isolation techniques.

## 16) Module XVI -- Care of the terminally ill patient.

## A) i) Psychological needs of the patient.

## ii) Psychological needs of the family.

## B) Objectives: Upon completion of this unit of instruction, the student will be able to:

- i) identify and describe the rights of the dying patient and his/her family.
- ii) discuss attitudes and feelings about death and dying.
- iii) describe the physical and psychological changes in the patient as death approaches.
- iv) discuss the grieving process of the patient and family.

## 17) Module XVII -- Care of the body.

## A) Postmortem care.

## B) Objectives: Upon completion of this unit of instruction, the student will be able to:

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## Section 300.660(d)(17)(B) (continued)

- i) develop an awareness for respect for the body after death occurs.
- ii) develop an understanding for good body alignment after death.
- iii) demonstrate nursing care after death.

e) Evaluation  
Upon successful completion of the Basic Nursing Assistant Training Program, the student must show competency of nursing skills by return demonstration as well as pass a written examination encompassing theory and skills taught.

## f) Monitoring

The Illinois Department of Public Health shall have the option of monitoring the training program. If a monitor finds the training to be inadequate relative to the materials submitted to the Department's Review Committee, program approval may be rescinded.

## g) Certificates

- 1) Proof of successful completion of the approved program necessitates the sponsoring organization to award certificates to the trainees. Certificates must be sent to the Department where they will be validated. A list of names, with Social Security numbers, course completion date, and program approval number, must accompany submitted certificates. The Department will return the certificates to the sponsor(s) for distribution.

- 2) The following minimum information must be typed on the certificates before they are sent to the Department for validation:

- A) Name of the trainee and Social Security number.
- B) Title: Basic Nursing Assistant Training Program.
- C) Identification number of the program.

- 3) Successful completion of the course does not imply "certification" of the nursing assistant by the State. It only indicates that the person has successfully completed the Basic Nursing Assistant Training Program and can be employed by licensed long-term care facilities as a nursing assistant.

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## Section 300.660 (continued)

## Section 300.660 (continued)

## h) Application for approval of programs

## j) Proficiency Examination for Nursing Assistants

- 1) Requests for approval of programs and other related correspondence are to be submitted to:

Illinois Department of Public Health  
Office of Health Regulation  
525 West Jefferson Street  
Springfield, Illinois 62761

- 2) It will not be necessary for any course, currently approved under criteria in effect at the time these revised criteria for Basic Nursing Assistant Training Programs become effective, to make any changes in program content until such time as a review by the Department indicates the revisions to the program content are needed to keep the program in compliance with the rules. Any program determined to need changes will be notified, in writing, by the Department. Unless and until such written notification is received, there is no need to contact the Department concerning continued approval of a program.

## i) Recognized Training Program

- 1) Any licensed long-term care facility may teach a recognized training program for prospective nursing assistants which can be individualized for each employee and can be taught by any person or persons in the facility.
- 2) Any person who attends a recognized training program must successfully pass the Department's proficiency examination before being permitted to function as a certified nursing assistant.
- 3) Recognized training programs shall be registered with the Illinois Department of Public Health by letter, and must state that, as a minimum, the modules in subsection (d) of this Section will be taught wholly or in part, give the name of the instructor and give notice that the program is operational.
- 4) Recognized training programs must, as a minimum, provide all or part of the course content of an approved Department training program such as in subsection (d) of this Section.

- 5) The examination will consist of written questions from the approved curriculum as shown in subsection (d) of this Section. The examination consists of four (4) sections. An examinee must score 70% or more on each section in order to successfully pass the section. Notice of Pass or Fail will be sent to the examinee and the employer. Only those sections previously failed must be retaken during subsequent attempts to pass the entire proficiency examination.

- 6) An examinee who fails the proficiency examination three (3) times within the first forty-five (45) days of employment must enroll in and complete an approved course of instruction in order to become a qualified nursing assistant in accordance with Section 3-206 of the Act.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.670 Disaster Preparedness  
EMERGENCY

- a) Each facility shall have policies covering disaster preparedness including a written plan for staff and residents to follow in case of fire, explosion, severe weather or other hazardous circumstances or emergencies. The plan shall be rehearsed at least twice a year for



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## Section 300.670(a) (continued)

each shift. The plan shall include, but is not limited to, the following: (B<sub>7</sub>-6)

- 1) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B<sub>7</sub>-6)
- 2) A written plan of evacuation posted, and made familiar to all personnel employed on the premises. {6}
- b) Fire and disaster drills shall be held at least quarterly, for each shift of facility personnel and under varied conditions, in order to: {6}
  - 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
  - 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;
  - 3) Evaluate the effectiveness of disaster plans and procedures;
  - 4) Fire and disaster drills shall include simulation of evacuation of residents to safe areas during at least one drill each year on each shift.
  - 5) There shall be special provisions for the evacuation of the physically handicapped, including deaf and/or blind, such as fire chutes and mattress loops with poles.
  - 6) Where the welfare of the residents precludes an actual evacuation of an entire building, there must be drills involving the evacuation of successive portions of the building under such conditions as to assure the capability of evacuating the entire building with the personnel usually available, should the need arise.
  - 7) There shall be a written evaluation submitted to the facility administrator which shall be maintained for three years.
- c) A written plan shall be developed for temporarily relocating the residents for any emergency requiring relocation and any time the temperature in residents' bedrooms falls below fifty five (55) degrees Fahrenheit for twelve (12) hours or more. {6}

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## Section 300.670 (continued)

- d)
  - 1) Upon the occurrence of any emergency or disaster requiring hospital service, police, fire department or coroner, the facility administrator or their designee must provide a preliminary report to the Department utilizing either the nursing home hotline or by contacting directly the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:
    - A) Name and location of facility;
    - B) type of emergency;
    - C) number of injuries or deaths to residents;
    - D) number of beds not usable due to the event;
    - E) estimate of the extent of damages to the facility;
    - F) type of assistance needed, if any;
    - G) other state or local agencies notified about the problem.
  - 2) If the emergency will not require direct Departmental assistance, the facility shall provide the preliminary report within 24 hours of the incident. Additionally, the Department shall receive a full written account within seven (7) days of the incident which includes the information specified in (A) through (G) above and a statement of actions taken by the facility after the preliminary report. {6}
- e) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents whenever the temperature and relative humidity inside the residents living, dining, activities or sleeping areas of the facility are equal to or exceed the upper or lower limit lines (the solid lines) of the chart, "Zones of Physiological Perception," displayed in Table D: "Disaster Preparedness Parameters -- Relative Humidity and Temperature." (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

- Section 300.680     Restraints and Safety Devices
- EMERGENCY
- a) There shall be written policies which are followed in the operation of the facility, controlling the use of safety devices. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel. (B<sub>5</sub>-6)
  - b) Safety devices, with the exception of side rails and geriatric chairs shall be used only upon written order of the attending physician and for the safety and security of the residents. In an emergency a telephone order is acceptable if taken as specified in Section 300.1620(a)(2). (B)
  - c) The reasons for ordering and using safety devices shall be recorded in the clinical record. The recordings shall contain ongoing evaluations of the need for the safety devices and the measures being taken to reduce or eliminate the need for their use.
  - d) A resident wearing a safety device shall have it released for a few minutes at least once every two (2) hours, or more often if necessary. Residents in geriatric chairs shall be assisted to ambulate every two (2) hours or more often if necessary and their physical condition permits. The resident's position shall be changed at these times, and good skin care or other nursing needs provided. (B)
  - e) No safety device with locks shall be used. (B)
- (Source:    Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

- Section 300.690     Serious Incidents and Accidents
- EMERGENCY
- a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department. (6)
  - 1) Notification shall be made by a phone call to the Regional Office within twenty-four (24) hours of each serious incident or accident. If the facility is unable to contact the Regional

- Section 300.690(a)(1)    (continued)
- Office, notification should be made by a phone call to the Department's toll-free complaint registry number. (6)
  - 2) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven (7) days of the occurrence. (6)
  - b) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurse's notes for each resident involved. (6)
  - c) The facility shall maintain a file of all written reports of serious incidents or accidents involving residents. (6)
- (Source:    Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

- Section 300.810     General
- EMERGENCY
- a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one (1) staff member awake, dressed, and on duty each of the three (3) eight (8) hour shifts each day. (A, B<sub>7</sub>-6)
  - b) The number and categories of personnel to be provided shall be based on the following:
    - 1) Number of residents.
    - 2) Amount and kind of personal care, nursing care, supervision, and program needed to meet the particular needs of the residents at all times.
    - 3) Size, physical condition, and the layout of the building including proximity of service areas to the resident's rooms.
    - 4) Medical orders.
- (Source:    Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)



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## Section 300.820 Categories of Personnel

EMERGENCY

- a) The facility shall provide an administrator as set forth in Subpart B. (B)
- b) The facility shall provide a Resident Services Director who is assigned responsibility for the coordination and monitoring of the resident's overall plan of care. The director of nurses or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long-range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care. (B<sub>5</sub>-E)
- c) The facility shall provide activity personnel as set forth in Section 300.1410(b). (B<sub>5</sub>-E)
- d) The facility shall provide dietary personnel as set forth in Sections 300.2010 and 300.2020. (B<sub>5</sub>-E)
- e) The facility shall designate a staff member to provide social services to residents. (B<sub>5</sub>-E)
- f) The facility shall provide nursing personnel as set forth in Subpart F. (B<sub>5</sub>-E)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.830 Consultation Services

EMERGENCY

- a) The facility shall have all arrangements for each consultant's services in a written agreement setting forth the services to be provided. These agreements shall be updated annually. {G}
- b) If the staff member designated to provide social services is not a registered or certified social worker, the facility shall have an effective arrangement with a registered or certified social worker to provide social service consultation. {G}
- 1) Skilled nursing facilities must provide a qualified social worker to meet this requirement.

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## Section 300.830(b) (continued)

- 2) A qualified social worker is one who:

- A) is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and
- B) is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and
- C) has one (1) year of social work experience in a health care setting.

- c) The facility shall designate a staff member to be the director of the activities program. If this person is not a Registered Occupational Therapist, a Therapeutic Recreation Specialist, or a Certified Social Worker, the facility shall have a written agreement made with a person from one of those disciplines to provide consultation to the Activity Director, and shall assure the programming meets the needs of the residents. {G}
- d) If the supervisor of health services is not a nurse currently registered to practice as a registered professional nurse in Illinois, arrangements shall be made for consultation from a person so qualified. She shall assist with the development of policies, methods, and procedures relating to the medical program, medication, in-service on these medications and in-service training and all aspects of personal and nursing care. She shall give this consultation in the facility not less than four (4) hours each week. {G}
- e) If a facility provides other specific restorative services (physical therapy, occupational therapy, etc.) they shall include consultation as set forth in Section 300.1420(a).
- f) The facility shall make arrangements for an advisory physician or medical advisory committee as set forth in Section 300.1010 or 300.1010(a)(2). (B<sub>5</sub>-E)
- g) The facility shall make arrangements for an advisory dentist and dental hygienist if desired, as set forth in Section 300.1050 and 300.1050(b).
- h) The facility shall make arrangements for a consultant pharmacist as

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Section 300.830(h) (continued)

set forth in Section 300.1610 and 300.1610(e). (B)

- i) Additional for Skilled Nursing Facilities The facility shall make arrangements for consultation from a Registered Medical Records Consultant as set forth in Section 300.1830.
- j) Additional for Skilled Nursing Facilities The facility shall make arrangements for a dietary consultant as set forth in Section 300.2010(b).

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1010 Medical Care Policies  
EMERGENCY

- a) 1) There shall be an advisory physician, or a medical advisory committee composed of physicians, who shall be responsible for advising the administrator on the overall medical management of the residents and the staff of the facility. If the facility employs a house physician, he may be the advisory physician. (B<sub>5</sub>-6)
- 2) Additional for Skilled Nursing Facilities. There shall be a medical advisory committee composed of two (2) or more physicians who shall be responsible for advising the administrator on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, he may be one member of this committee. (6)
- b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. (B<sub>5</sub>-6)
- c) Every resident shall be under the care of a physician. Residents in facilities operated under bona fide Christian Science auspices may be exempt from this requirement. (6)

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Section 300.1010 (continued)

- d) Each resident, or his/her guardian shall be permitted his/her choice of a physician. (6)
- e) Each resident shall be seen by his/her physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.) (6)
- f) Physician treatment plans, orders and similar documentation shall have an original written signature of the physician. A stamp signature, with or without initials, is not sufficient. (6)
- g) Each resident admitted shall have a thorough physical examination, within five (5) days prior to admission or within seventy-two (72) hours after admission. The examination report shall include an evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate. The report shall include documentation of the presence or absence of tuberculosis infection by tuberculin skin test or chest x-ray within one year prior to admission or at the time of examination. The report shall also include documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.) The report shall also include orders from the physician regarding weighting of the resident, and the frequency of such weighing, if ordered. (6)
- h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five (5) percent or more within a period of thirty (30) days. The facility shall obtain and record the physician's plan of care for the care of treatment of such accident, injury or change in condition at the time of notification. (B<sub>7</sub>-6)
- i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)



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## Section 300.1020 Communicable Disease Policies

EMERGENCY

a) The administrator shall assume the responsibility for meeting all the rules for the Control of Communicable Disease, Illinois Department of Public Health, so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. As part of this responsibility, he shall establish an Infection Control Committee, composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance and other services. The committee shall establish policies and procedures for investigating, controlling, and preventing infections in the facility, and for monitoring staff performance to ensure that the policies and procedures are executed. (B)

b) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease shall be placed in the appropriate type of isolation as required by the rules for "The Control of Communicable Disease," Illinois Department of Public Health, and "Isolation Techniques for Use in Hospitals," U.S. Public Health Service, for the period of time required for each specific disease or until removed from the facility. (A, B<sub>7</sub>-6)

c) All illnesses required to be reported under subsection (a), above, shall be reported immediately to the local health department and to this Department. The administrator shall furnish all pertinent information relating to such occurrences. In addition the Department shall also be informed of all Scabies and other skin infestations. (B<sub>7</sub>-6)

d) Additional for Skilled Nursing Facilities  
Procedures and aseptic isolation techniques shall be established in

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## Section 300.1020(d) (continued)

writing and followed by all personnel. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1040 Behavior Emergencies  
EMERGENCY

a) If a resident becomes disturbed or unmanageable, he shall be examined by his physician. This medical examination shall be made promptly. (B<sub>7</sub>-6)

b) No form of seclusion shall be permitted. (6)

c) Restraints shall be used only in an emergency and only upon a physician's order until the resident is examined by the doctor. This examination shall be carried out promptly. Restraints may be applied only by personnel trained in proper application and observation of this equipment. (See Section 2-106 of the Act.) (B)

d) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies, which are followed in the operation of the facility, covering the use of restraints. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1050 Dental Standards  
EMERGENCY

a) Each long-term care facility shall have a dental program which will provide for in-service education to residents and staff under direction of dental personnel including at a minimum the following: (B<sub>7</sub>-6)

1) Information regarding nutrition and diet control measures which are dental health oriented.

2) Instruction in proper oral hygiene methods.

3) Instruction concerning the importance of maintenance of proper oral hygiene and where appropriate including family members (as

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## Section 300.1050(a)(3) (continued)

## Section 300.1050(e) (continued)

in the case of residents leaving the long-term care facility).

- b) The direct care staff shall receive in-service education annually. This will be provided by a dentist or a dental hygienist. (B<sub>7</sub>-6)
  - 1) Direct care staff shall be educated in ultrasonic and/or manual denture and partial denture cleaning techniques.
  - 2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.
  - 3) Direct care staff shall be educated in examining the mouth in order to recognize abnormal conditions for necessary referral.
  - 4) Direct care staff shall be educated regarding nutrition and diet control measures and the effect on dental health.
  - 5) Supplemental dental training films shall be included with any other health training films seen on a rotating basis.
- c) The long term care facility's dental program shall provide for each resident having proper daily personal dental hygiene attention, with the nursing staff responsible for continuity of care which includes, but is not limited to, the following: (B<sub>7</sub>-6)
  - 1) Assistance in cleaning mouth with electric or hand brush if resident is unable to do so.
  - 2) Weekly ultrasonic cleaning of dentures and/or partials is strongly recommended.
- d) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: (B<sub>7</sub>-6)
  - 1) Provision for dental treatment
  - 2) Provision for emergency treatment by a qualified dentist
- e) Each facility shall have a denture and dental prosthesis marking system which takes into account the identification marking system contained in Ill. Rev. Stat., 1983, Ch. 111, par. 2202, "Manufacture of dentures and dental prosthesis - Identification marks." Policies and Procedures shall be written and contained in the facility's Policies and Procedure Manual. It shall include, at a minimum,

- provisions for: (B<sub>7</sub>-6)
  - 1) Marking individual dentures or dental prostheses, if not marked prior to admission to the facility, within ten (10) days of admittance; and
  - 2) individually marked denture cups for denture storage at night.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.1210 General  
EMERGENCY

- a) There shall be a sufficient number of nursing personnel on duty twenty-four (24) hours each day to provide adequate and properly supervised services to meet the total nursing and personal care needs of the residents. Nursing personnel includes registered professional nurses, licensed practical nurses, nurse's aides, and orderlies, and any other persons, whatsoever their title, who provide or supervise the provision of direct nursing and/or personal care to residents. This would include persons involved in the process of training residents in the activities of daily living (ADL). (A, B)
- b) Restorative/rehabilitative nursing measures shall be practiced on a twenty-four (24) hour day, seven (7) day week basis. Those procedures requiring medical approval shall be ordered by the attending physician.
  - 1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program which includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsection (b)(2) of this Section. This person may be the DON, ADOH or another nurse designated by the DON to be in charge of the restorative/rehabilitative nursing program.
  - 2) Restorative/rehabilitative measures shall include at a minimum the following procedures: (B<sub>7</sub>-6)



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Section 300.1210(b)(2) (continued)

- A) Positioning and turning. All nursing personnel shall encourage and/or assist residents in maintaining good body alignment while standing, sitting or lying in bed. (B<sub>7</sub>-6)
- B) Exercises. All nursing personnel shall assist residents in maintaining maximum joint range of motion, and/or active range of motion. (B<sub>7</sub>-6)
- C) Bowel and bladder retraining. All nursing and auxiliary personnel shall assist incontinent residents to regain their former bowel and bladder patterns. The use of indwelling catheters shall be discouraged. (B<sub>7</sub>-6)
- D) Retraining in activities of daily living. All nursing personnel shall encourage and, when necessary, teach residents to function at their maximum level in all activities of daily living for as long as and to the degree that they are able. (B<sub>7</sub>-6)
- E) Ambulation. All nursing personnel shall assist and encourage residents with daily ambulation unless otherwise ordered by the physician. (B<sub>7</sub>-6)
- F) Transfer activities. All nursing personnel shall teach and assist residents with safe transfer activities in an effort to help them retain or regain their maximum level of independence. (B<sub>7</sub>-6)
- G) Documentation of resident treatment and response to same shall be maintained as set forth in Section 300.1810(c).

c) General nursing care shall include at a minimum the following:

- 1) Proper administration of medications including oral, rectal, hypodermic, and intramuscular. (A, B)
- 2) The proper carrying out of treatment such as: enemas, irrigations, catheterizations, applications of dressing or bandages, supervision of special diets, and other treatments involving a like level of skill. (A, B<sub>7</sub>-6)
- 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and/or the need for further

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Section 300.1210(c)(3) (continued)

- medical evaluation and treatment. (B<sub>7</sub>-6)
- 4) Personal care and hygiene such as clean, neat, well-groomed hair; clean, trimmed fingernails and toenails; clean skin and freedom from offensive odors; clean mouth and teeth; and care of lips to prevent dryness and cracking. (B<sub>7</sub>-6)
  - 5) Encouragement of residents to be dressed in their own clothing whenever possible. Unless otherwise indicated by the physician, this should be street clothes and shoes.
  - 6) A regular program to prevent and treat decubiti including such measures as: (A, B<sub>7</sub>-6)
    - A) Bathing, clean linens, and/or clothing each time the bed or clothing is soiled. Rubber, plastic, or other types of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the resident. If rubber, plastic, or other type of waterproof materials are used for protective pants, they shall not come in direct contact with the resident. Special attention shall be given to the skin to prevent irritations, skin rashes, or ulcerations.
    - B) Assistance in being up and out of bed as much as the condition of the resident permits. The resident may be denied this assistance only upon the written order of his physician. If the patient cannot move himself, he shall have his position changed as often as necessary.

- 7) All necessary precautions to assure the safety of residents at all times, such as: nonslip wax on floors, side rails on beds, safe equipment and assistive devices properly maintained, and proper use of safety devices. (See Section 300.680.) (A, B<sub>7</sub>-6)

d) Personal care shall include at a minimum the following:

- 1) Each resident shall have proper daily personal attention and/or care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. (B<sub>7</sub>-6)
- 2) Each resident shall have at least one (1) complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. (B<sub>7</sub>-6)

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Section 300.1210(d) (continued)

- 3) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. ~~(C)~~
- 4) Each resident shall have clean bed linens at least once weekly and more often if necessary. ~~(C)~~
- 5) Each resident shall have sufficient clothing, in good condition, to be properly dressed each day. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1220 Director of Nursing Service-Health Services Supervisor and Assistant Director of Nursing Service-Health Services Supervisor

EMERGENCY

- a) Each skilled nursing facility shall have a director of nursing service/health services supervisor who shall be a registered nurse. In intermediate care facilities, the director of nursing service/health services supervisor shall be a registered nurse or a licensed practical nurse by education. (B)
- 1) This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. She or he shall also have some knowledge and/or training in the care of the type of residents the facility cares for, (e.g., geriatric, pediatric, or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless she or he is the person in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(b)). ~~(C)~~
- 2) This person shall be a full-time employee who is on duty a minimum of thirty-six (36) hours, four (4) days per week. At least 50% of this person's hours shall be regularly scheduled some time between 7 A.M. and 7 P.M. ~~(C)~~
  - A) A facility of less than fifty (50) bed capacity may, with written approval from the Department, have two nurses share the duties of this position if it is unable to obtain a full-time person. Such an arrangement will be granted

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Section 300.1220(a)(2)(A) (continued)

- approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full-time; and information about the numbers and availability of licensed nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full-time.
  - B) If two persons are to share the position in an ICF, one shall be designated the Health Services Supervisor. Both of these persons may be (Registered Nurses) RN's, both may be LPN's, or one may be an RN and the other an LPN. In the latter case, the RN shall be designated as the Health Services Supervisor and the LPN shall be designated as the Assistant Health Services Supervisor.
  - C) In a facility licensed wholly or in part as a Skilled Nursing Facility, both of these persons must be RN's.
  - D) In facilities with a capacity of less than fifty (50) beds, this person may also provide direct patient care, and her or his time may be included in meeting the staff-resident ratio requirements.
- 3) In skilled nursing facilities of one hundred (100) or more occupied beds, there shall be an assistant director of nursing service-health services supervisor who is a registered nurse licensed to practice in Illinois. This person shall also meet the qualifications specified in subsection (a)(1) of this Section for the director of nursing service-health services supervisor.
  - 4) In intermediate care facilities of one hundred fifty (150) or more occupied beds, there shall be a licensed nurse designated as the assistant director of nursing service-health services supervisor (DONS/HSS). This person shall perform the duties of



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## Section 300.1220(a)(4) (continued)

the DONS/HSS when the DONS/HSS is on vacation or extended sick leave. The assistant may provide direct patient care and be included in staff-resident ratio calculations.

- 5) The assistant shall be a full-time employee who is on duty a minimum of thirty-six (36) hours, four (4) days per week. The assistant may be assigned to work hours any time of the day or night. (6)
- 6) The assistant shall assist the DONS/HSS in carrying out her or his responsibilities.
- 7) If the DONS/HSS or the assistant have other duties which interfere with the proper performance of their duties, another nurse shall be assigned to perform the duties of the DONS/HSS or assistant for that period of time when they are performing such other duties.

- b) The DONS/HSS shall oversee the nursing services of the facility. Her or his duties shall include:

- 1) Assigning and directing the activities of nursing service personnel.
- 2) Planning an up-to-date resident care plan for each resident based on his or her individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representative of other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be reflected in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three (3) months.
- 3) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.
- 4) Participating in planning and budgeting for nursing services including purchasing of necessary equipment and supplies.
- 5) Developing and/or maintaining nursing service objectives, standards of nursing practice, written policies and procedures,

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and written job descriptions for each level of nursing personnel.

- 6) Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative/rehabilitative services offered.
- 7) Planning of in-service education, embracing orientation, skill training, and on-going education for all personnel covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. He/she may conduct these programs personally or see to it that they are carried out.
- 8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 300.610(a))
- 9) Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.
- 10) Failure to provide nursing services in this section shall constitute a "B" violation. (B)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1410 Activity Program  
EMERGENCY

- a) There shall be a specific planned program of group and individual activities designed to encourage restoration to self care and maintenance of normal activity which is geared to the individual resident's needs. Activities shall be available daily and for a reasonable amount of time. Residents shall be given an opportunity to contribute to planning, preparation, conducting, cleanup, and critique of the program. (B-6)
- b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total

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not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as described in subsection (e) of this Section as well as the planning and directing of the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time. (In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school, employment or sheltered workshop, the minimum hours per week of activity staff time may be reduced. The reduction shall be calculated by multiplying the number of residents in the facility who participate in such programs by the percentage of the day these residents spend in such programs.)

## c) Activity Director and Consultation

- 1) There shall be a trained staff person designated responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least 4 days per week.
- 2) If this person is not a Registered Occupational Therapist, a Therapeutic Recreation Specialist, or a Certified Social Worker with specialized coursework in social group work, the facility shall have a written agreement with a person from one of those disciplines to provide consultation to the Activity Director at least monthly, in order to make sure that the activity programming meets the needs of the residents of the facility.
- 3) Any person designated as Activity Director who is responsible for planning and directing the activities program hired after December 24, 1987, shall have a high school diploma or equivalent.
- 4) The activity director shall have a minimum of ten (10) hours of continuing education per year pertaining to activities programming.
- 5) Consultation will be required only every six months when the activity director meets or exceeds the criteria in Appendix E: Criteria for Activity Directors Who Need Only Minimal Consultation. (See 300.830(c) for consultant services when required).
- d) There shall be written permission, with any contraindications stated,

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given by the resident's physician for the resident to participate in the activity program. Standing orders will be acceptable with individual contraindications noted. (B7-6)

## e) The activity program should include at a minimum the following program areas:

- 1) Recreational activities (examples: games, both quiet and active; parties; outside entertainment; etc.).
- 2) Crafts (applicable for both men and women).
- 3) Religious activities (examples: Bible study or discussion; Bible quizzes and games; hymn singing; grace at meals; etc.). These are in addition to routine religious services.
- 4) Service activities for community and/or facility (examples: assist with community fund drives; projects for orphanages; care of one's own area in the facility; helping to fold linen; etc.).
- 5) Intellectual and educational activities (examples: classes in writing, arithmetic, grooming, and social graces; planned group discussion; quizzes and word games; resident council; newsletter; etc.).
- 6) Community activities (examples: residents' participation in community activities such as plays; church events; band concerts; tours; etc.).
- f) A planned volunteer and/or auxiliary program that assists with the activities program shall be encouraged. It shall be under the direction of a staff member in a supervisory capacity. (6)
- g) Documentation of resident's response to program shall be part of the resident's record as set forth in Section 300.1810(c).

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.1420 Specialized Rehabilitation Services  
EMERGENCY

If physical therapy, occupational therapy, speech therapy or any other specialized rehabilitative service is offered, it shall be provided by, and/or



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supervised by, a qualified professional in that specialty and upon the written order of the physician. (B<sub>7</sub>-6)

- a) In addition to the provision of direct services, any such qualified professional personnel shall be used as consultants to the total restorative program and shall assist with resident evaluation, resident care planning, and in-service education.
- b) Appropriate records shall be maintained by these personnel. Direct service to individual residents shall be documented on the individual clinical record as set forth in Section 300.1810(c). A summary of program consultation and recommendations as set forth in Section 300.1810(h) shall be documented.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.1430 Work Programs  
EMERGENCY

- a) Work programs for individual residents in facilities shall be allowed only if they are oriented toward resident adjustment and therapeutic benefits and if they are approved in writing by the Department. Such programs should be a rarity in skilled nursing facilities. (6)
- b) Permission for each such program shall be secured from the Department. Each program shall be presented in writing indicating such things as objectives, possible work assignment, duties, policies governing the program, agency involvement (where appropriate), and supervision. (6)
- c) Residents involved in such programs shall meet all requirements of the Department for persons functioning in these positions. (6)
- d) Residents shall not be used to replace employed staff. (B<sub>7</sub>-6)
- e) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. (See Section 300.1810(c).) (6)
- f) All such programs shall be in full compliance with all applicable regulations of both the State and Federal Departments of Labor. Any

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program found by the Department not to be in compliance with State and Federal Departments of Labor regulations shall be terminated immediately. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1610 Medication Policies and Procedures  
EMERGENCY

- a) 1) Every facility shall adopt written policies and procedures, which are consistent with the purpose of the Act and these Rules and Regulations and which shall be followed in the operation of the facility, for properly and promptly obtaining, dispensing, administering, and disposing of drugs and medications. These policies and procedures shall be in compliance with all applicable Federal, State and local laws. (A, B)
- 2) These policies and procedures shall be developed with the advice of a pharmaceutical advisory committee which includes at least one (1) licensed pharmacist, one (1) physician, the administrator and the Director of Nursing Services (Skilled Nursing Facility), or Health Services Supervisor (Intermediate Care Facility). This Committee shall meet at least quarterly. (B<sub>7</sub>-6)
- b) All legend medications maintained in the facility shall be on individual prescription or from the physician's personal office supply, and shall be properly labeled as set forth in Section 300.1640. A physician who supplies medication from his personal office supply must comply with all requirements of the "Illinois Medical Practice Act" (Ill. Rev. Stat. 1981, ch. 111, par. 4401 et seq.), and the "Controlled Substances Act" (Ill. Rev. Stat. 1981, ch. 56 1/2, par. 1100 et seq.), and the rules promulgated thereunder. (B<sub>7</sub>-6)
- c) All medications administered shall be properly recorded as set forth in Section 300.1810(d). (B<sub>7</sub>-6)
- d) The staff pharmacist or consultant pharmacist shall participate in the planned in-service education program of the facility on topics related to pharmaceutical service. (6)

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## Section 300.1610 (continued)

## Section 300.1610(i) (continued)

e) Permission must be obtained from this Department prior to the opening of any pharmacy in a facility. Such permission will be granted only if it can be shown that the operation of the pharmacy will not interfere in any way with the residents. The pharmacist shall then obtain a license to operate the pharmacy in accordance with the rules and regulations of the Illinois Department of Registration and Education. (6)

f) No facility shall maintain a stock supply of controlled drugs or legend drugs, except for those in the emergency medication kits and convenience boxes, as described in (h) Section 300.1610(i). (B<sub>7</sub>-6)

g) A facility may stock drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon written order of the physician, dentist, or podiatrist, shall be administered from the original containers, and shall be recorded in the resident's clinical record. (B<sub>7</sub>-6)

h) A facility may keep "convenience boxes" containing a reasonable number of medications normally used to treat conditions when residents suddenly become ill in non-life-threatening situations. There shall be no more than six (6) single doses of any one medication for each one hundred (100) licensed beds or portion thereof. Such conditions may include, but are not limited to: convulsions, serious emotional upsets, diarrhea, infection, severe pain, etc. A dose shall be that amount listed by the manufacturer as the "usual dose" of the medication for adults. If the "usual dose" is two (2) tablets, the facility may keep twelve (12) tablets in the convenience box. (B<sub>7</sub>-6)

1) The contents and number of these "convenience boxes" shall be determined by the pharmaceutical advisory committee, and there shall be a label on the outside of each box, listing the contents. (B<sub>7</sub>-6)

2) Each "convenience box" shall be under the control of the pharmacy which supplies the contents of the box, and it shall be kept in a locked medicine room or cabinet. (B<sub>7</sub>-6)

3) No Schedule II substances shall be kept in "convenience boxes." (B<sub>7</sub>-6)

i) Emergency medication kits containing drugs necessary for life saving measures shall be approved by the facility's pharmaceutical advisory

committee, and shall be available for immediate use at all times in locations as determined by the pharmaceutical advisory committee. (B<sub>7</sub>-6)

1) In order to provide better security for the contents of these kits, it is recommended that some type of seal be placed on each kit after it has been checked and refilled. This would ensure that the contents of each kit is intact when needed in an emergency.

2) These kits shall consist of no more than three (3) single, injectable doses of only a few medications, such as those necessary to treat: cardiac arrest, acute coronary, acute cardiac failure, asthmatic and/or allergic reactions, acute convulsions, acute pain, shock, diabetic coma, insulin shock, and an acute respiratory infection requiring emergency administration of a starter dose of an injectable antibiotic. The kits should also contain all of the equipment needed to administer these medications, such as a tourniquet, proper size needles and syringes, and alcohol swabs. It is also permissible to have an airway in these kits. (A, B<sub>7</sub>-6)

3) The contents of these kits shall be labeled on the outside of each kit. The kits shall be refilled as needed. They shall be reviewed by the pharmaceutical advisory committee regarding content at least quarterly. Written documentation of this review shall be maintained. (B<sub>7</sub>-6)

j) Since emergency medication kits must be available for immediate use at all times, the following requirements must be met when controlled substances are kept as part of the emergency medication kits: (B<sub>7</sub>-6)

1) The controlled substances must be stored separately in a locked cabinet or room, and labeled as to substance and the fact that they are a part of the emergency medication kit. The label of the emergency kit shall list the substances and the specific location where they are stored. (B<sub>7</sub>-6)

2) The controlled substances must be obtained from a Drug Enforcement Administration registered hospital, pharmacy, or practitioner. (B<sub>7</sub>-6)

3) Only the director of nursing services, registered nurse on duty, licensed practical nurse on duty, consultant pharmacist or



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practitioner shall have access to these controlled substances. (B<sub>7</sub>-6)

- 4) No more than ten different controlled substances shall be kept as part of an emergency medication kit, and there shall be no more than three single, injectable doses of any one controlled substance. (B<sub>7</sub>-6)
- 5) These controlled substances may be administered only under the emergency conditions set forth in Section 300.1610(i)(2) and only by registered nurses, licensed practical nurses or practitioners, in compliance with 21 CFR 1306.11 and 21 CFR 1306.21 and the Department of Registration and Education's rule for the administration of the Illinois Controlled Substance Act (77 Ill. Adm. Code 1650). (B<sub>7</sub>-6)
- 6) A proof-of-use sheet shall be stored with each separate controlled substance. Entries shall be made on the proof-of-use sheet by the nursing staff or practitioner when any controlled substance from the kit is used. The consultant pharmacist shall receive and file for two years a copy of all completed proof-of-use sheets. (B<sub>7</sub>-6)
- 7) Whenever the controlled substance portion of an emergency medication kit is opened, the consultant pharmacist shall be notified within 24 hours. During any period when this kit is opened, a shift count shall be done on all controlled substances until the kit is closed or locked by the consultant pharmacist. Shift counts are not mandatory when the kit is sealed. Proper forms for shift counts shall be kept with these portions of emergency medication kits. (B<sub>7</sub>-6)
- 8) The consultant pharmacist shall check the controlled substances portions of emergency medication kits at least monthly and so document on the outside of each kit. (B<sub>7</sub>-6)
- 9) Failure to comply with any provision of this rule, or of any applicable provision of state or federal statutes or regulations pertaining to controlled substances shall result in loss of the privilege of having or placing controlled substances in emergency medication kits until such time as the facility can demonstrate that it is in compliance with such regulations. This is in addition to the usual methods of corrective action available to the Department, such as fines and/or other penalties.

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- k) Oxygen may be administered in a facility either as concentrated bottled oxygen or via means of an oxygen concentrator. Storage and handling of the bottled oxygen supply shall be in accordance with the 1977 National Fire Protection Association Standards, but no subsequently amended edition of the standards, for nonflammable medical gas systems. (See Section 300.2820 or Section 300.3020 as appropriate). The facility must be in compliance with directions for use of oxygen concentrators as established by the manufacturer. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.1620 Conformance With Physician's Orders

EMERGENCY

- a)
  - 1) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. All such orders shall have the handwritten signature of the physician. (Rubber stamp signatures are not acceptable.) These medications shall be given as prescribed by the physician and at the designated time. (A, B<sub>7</sub>-6)
  - 2) Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within five (5) working days. Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations. (B<sub>7</sub>-6)
- b) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on his/her clinical experience and judgment, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. (A, B<sub>7</sub>-6)
- c) A medication order not specifically limiting the time or number of

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- b) The facility shall have medication records which shall be used and checked against the physician's orders to assure proper administration of medicine to each resident. Such records as computer generated medication sheets may be used. Medication records shall include or be accompanied by recent photographs or other means of easy identification such as resident identification wristbands. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, and, if possible, a history of prescription and non-prescription medications taken by the resident during the thirty (30) days prior to admission to the facility. (B<sub>7</sub>-6)
- c) Medications prescribed for one resident shall not be administered to another resident. (B<sub>7</sub>-6)
- d) If for any reason, a physician's medication order cannot be followed, the physician shall be notified as soon as is reasonable, depending upon the situation, and a notation made on the resident's record. (B<sub>7</sub>-6)
- e) Medication errors and drug reactions shall be immediately reported to the resident's physician and the consulting pharmacist. An entry thereof shall be made in the resident's clinical record and the error or reaction shall also be described in an incident report. (A, B)
- f) Nurses' stations shall be equipped as per Sections 300.2860(e) or 300.3060(d) and shall have all necessary items readily available for the proper administration of medications. (6)
- g) Current medication references shall be available, such as the current edition of "Facts and Comparisons, Hospital Formulary," "Physician's Desk Reference" or other suitable references. (6)

1 Attorney General's Opinion File No. S-1033, dated Jan. 9, 1976 concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act (Ill. Rev. Stat. 1985, ch. 111, par. 3401 et seq.), and as such, cannot be performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aides, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes."

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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- d) The resident's attending physician shall be notified of medications about to be stopped so that he may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. (B<sub>7</sub>-6)
- e) All medications to be released to the resident, or person responsible for his/her care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time, (such as when attending a vocational training program or on a weekend pass) shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1630 Administration of Medication  
EMERGENCY

- a) All medications shall be administered only by licensed medical or licensed nursing personnel in accordance with their respective licensing requirements. (Some schools of nursing, especially some licensed practical nursing schools, do not include pharmacology courses. It is required that graduates of such schools successfully complete a course in pharmacology or have at least one year's fulltime equivalent experience in administering medications in a health care setting, in order to be considered to "have either training or experience, or both, in the job assigned to them" [Section 300.650(b)(1)], if their duties include administering medications to residents.) (A, B<sub>7</sub>-6)
- 1) Medications shall be administered as soon as possible after doses are prepared and administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems. (B<sub>7</sub>-6)
- 2) Each dose administered shall be properly recorded in the clinical records by the person who administers the dose. (See Section 300.1810(d)) (A, B<sub>7</sub>-6)
- 3) Self-administration of medication shall be permitted only upon the written order of the attending physician. (B<sub>7</sub>-6)



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Section 300.1640 Labeling and Storage of Medications  
EMERGENCY

- a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See Subsections (f) and (g) of this Section) (B)
- 1) These cabinets, rooms, and/or carts shall be well lighted and of sufficient size to permit storage without crowding. (B<sub>7</sub>-6)
- 2) All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored safely and securely either in a locked room or otherwise made immobile. (B<sub>7</sub>-6)
- b) All medications for external use shall be kept in a separate area in the medicine cabinet, medicine room, or mobile medication cart. (B<sub>7</sub>-6)
- c) All poisonous substances and other hazardous compounds, such as sterilization solutions, irrigation solutions, antiseptics, diagnostic reagents, etc., shall be kept in a separate locked container away from medications. (B)
- d) Biologicals or medications requiring refrigeration shall be kept in a separate, securely fastened locked box within a refrigerator or a locked refrigerator, at or near the nurses' station or in a refrigerator within a locked medication room. (B)
- e) The key to the medicine cabinet, medicine room and/or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer medications, at all times. (B<sub>7</sub>-6)
- f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name, strength and quantity of drug, date this container was last filled, the initials of the pharmacist filling the prescription, the identity of the pharmacy, and any necessary special instructions. If the individual multi-dose medication container is dispensed by a physician from his own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist and prescription number. (6)

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## Section 300.1640 (continued)

- g) Each single unit and/or unit dose package shall bear the proprietary name of the drug, strength of dose and total contents delivered, lot or control number, and expiration date, if applicable. The names of the resident and the physician do not have to be on the label of the package, but they must be identified with the package in such a manner as to assure that the drug is administered to the right resident. Appropriate accessory and cautionary statements and any necessary special instruction shall be included, as applicable. Hardware for storing and delivering the medications shall have a label bearing the identity of the dispensing pharmacy. The pharmacist shall provide written verification of the date the medications were dispensed and the initials of the pharmacist who reviewed and verified the medications on hand. The pharmacist need not store such verification at the facility but shall readily make it available to the Department upon request. The lot or control number need not appear on unit dose packages if the dispensing pharmacy has a system for identifying those doses recalled by the manufacturer/distributor or if the dispensing pharmacy will recall and destroy all dispensed doses of a recalled medication, irrespective of a manufacturer's/distributor's specifically recalled lot. (B<sub>7</sub>-6)
- h) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Medications in containers having no labels shall be destroyed in accordance with Federal and State laws. (B<sub>7</sub>-6)
- i) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers, except that a licensed nurse may remove medication from original containers and place it in other containers to be sent with a resident when the resident will be out of the facility at the time of scheduled administration of medication, as, for instance, when the resident is on a home visit or away from the facility for employment, workshop, or educational activities. When medication is sent out of the facility with the resident, it shall be labeled by the nurse with the name of the resident, name of the medication, instructions for taking and any other appropriate information. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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Section 300.1650 Control of Medications

Section 300.1810(a) (continued)

EMERGENCY

- a) The facility shall comply with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.
- b) All Schedule II controlled substances shall be stored in such a manner so that two (2) separate locks, using two (2) different keys, must be unlocked to obtain these substances. This may be accomplished by several methods such as locked cabinets within locked medicine rooms, separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet, locked portable medication carts, which are stored in locked medicine rooms when not in use, or portable medication carts containing a separate locked area within the locked medication cart, when such cart is made immobile. (B<sub>7</sub>-6)
- c) All discontinued medications, or those having an expiration date that has passed, and all medications of residents who have been discharged or who have expired, shall be disposed of in accordance with the written policies and procedures that have been established by the facility in accordance with Section 300.1610. This rule shall not apply to residents who have been temporarily transferred to a hospital or who are on a temporary home visit. Medications for such persons shall be kept in the facility until such time as the resident expires or is discharged from the facility. (B<sub>7</sub>-6)

- d) 1) For all Schedule II substances, a controlled substances record shall be maintained which lists on separate sheets, for each type and strength of Schedule II substance, the following information: date, time administered, name of resident, dose, physician's name, signature of person administering dose, and number of doses remaining. (6)
- 2) The pharmaceutical advisory committee may also require that other medications shall be subject to such inventory records.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1810 Resident Record Requirements  
EMERGENCY

- a) Each facility shall have a medical record system that facilitates the

- retrieval of information regarding individual residents as demonstrated by the facility. (6)
- b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. (6)
- c) Record entries shall meet the following requirements:
  - 1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. (6)
  - 2) Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry. (6)
- d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the original written signature of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable. (6)
- e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. (B<sub>7</sub>-6)
  - 1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. (B<sub>7</sub>-6)
  - 2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services shall be included in the resident's progress record when the recommendations pertain to an individual resident. (6)
- f) A medication administration record shall be maintained which contains the date and time each medication is given, name of drug, dosage, and by whom administered. (6)
- g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician



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## Section 300.1810(g) (continued)

ordered procedures which shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output. (6)

h) The facility shall have the option of using universal progress notes in the medical records.

i) Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 300.1840 of this Part. (6)

j) Discharge information shall be completed within forty-eight hours after the resident leaves the facility. The resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.1820 Content of Medical Records

## EMERGENCY

a) No later than the time of admission, the facility shall enter the following information onto the identification sheet or admission sheet for each resident:

- 1) Name, sex, date of birth and Social Security Number,
- 2) Marital Status, and the name of spouse if there is one,
- 3) Whether the resident has been previously admitted to the facility,
- 4) Date of current admission to the facility,
- 5) State or country of birth,

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## Section 300.1820(a) (continued)

6) Home address,

7) Religious affiliation (if any),

8) Name, address and telephone number of any referral agency, state hospital, zone center or hospital from which the resident has been transferred (if applicable),

9) Name and telephone number of the resident's personal physician,

10) Name and telephone number of the resident's next of kin or responsible relative,

11) Race and origin,

12) Most recent occupation,

13) Whether the resident or the resident's spouse is a veteran,

14) Father's name and mother's maiden name,

15) Name, address and telephone number of the resident's dentist, and

16) The diagnosis applicable at the time of admission.

b) At the time of admission, the facility shall obtain a history of prescription and non-prescription medications taken by the resident during the thirty days prior to admission to the facility (if available).

c) In addition to the information that is specified above, each resident's medical record shall contain the following:

- 1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and restoration potential. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma. (6)
- 2) A physician's order sheet that includes orders for all medications, treatments, therapy and rehabilitation services, diet, activities and special procedures or orders required for the safety and well-being of the resident. (6)

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## Section 300.1820(c) (continued)

- 3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition. (B5--6)
- 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.

- A) Physicians and other consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident. (6)
- B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact. (6)
- C) Significant observations or developments regarding resident responses to nursing and personal care shall be recorded as they are noted. If no significant observations or developments are noted for a month, an entry shall be made in the record of that fact. (6)

- 5) Any laboratory and x-ray reports ordered by the resident's physician. (6)

- 6) Documentation of visits to the resident by a physician and to the physician's office by the resident. (6) The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.

- 7) The results of the physical examination conducted pursuant to Section 300.1010(g) of this Part. (6)

- 8) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while

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## Section 300.1820(c)(8) (continued)

in the hospital.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1830 Records Pertaining to Residents' Property  
EMERGENCY

- a) The facility shall maintain a record of any resident's belongings, including money, valuables and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. (6)
- b) When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the date, amount, and items purchased. (6)
- c) A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.1840 Retention and Transfer of Resident Records  
EMERGENCY

- a) Records of discharged residents shall be placed in an inactive file and retained as follows:

- 1) Records for any resident who is discharged prior to being eighteen (18) years old shall be retained at least until the resident reaches the age of twenty-three (23). (6)
- 2) Records of residents who are over eighteen (18) years old at the time of discharge shall be retained for a minimum of five (5) years. (6)
- b) After the death of a resident, the resident's record shall be retained for a minimum of five (5) years. (6)



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## Section 300.1840 (continued).

- c) It is suggested that the administrator check with legal counsel regarding the advisability of retaining resident records for a longer period of time, and the procedures to be followed in the event the facility ceases operation.
- d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. (B-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.1860 Staff Responsibility for Medical Records

## EMERGENCY

- a) Each skilled nursing facility shall have a medical records practitioner. (6)
  - 1) Each skilled nursing facility that has a full-time or part-time medical records practitioner shall designate that employee as the person responsible for ensuring that the facility's medical records are completed, maintained and preserved in accordance with this Subpart. (6)
  - 2) Each skilled nursing facility that does not have a full-time or part-time practitioner shall designate an employee to be responsible for completing, maintaining and preserving the facility's medical records. This individual shall be trained by, and receive regular consultation from a medical records practitioner in order to meet the requirements contained in this Subpart. (6)
- b) Each intermediate care facility that does not have a full-time or part-time medical records practitioner shall designate an employee to be responsible for completing, maintaining and preserving the medical records in accordance with the requirements contained in this Subpart. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

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## Section 300.1870 Retention of Facility Records

## EMERGENCY

The facility shall retain the records referenced in this Section for a minimum of three years. (6) It is suggested that the administrator check with legal counsel regarding the advisability of retaining records for a longer period of time, and the procedures to be followed in the event the facility ceases operation. The records for which this requirement applies are as follows:

- a) The annual financial statement described in Section 300.210 of this Part.
- b) The minutes of resident advisory council meetings required by Section 300.640(k) of this Part.
- c) The records of in-service training required by Section 300.650(b)(3) of this Part.
- d) Copies of reports of serious incidents or accidents involving residents required by Section 300.690 of this Part.
- e) Records of the emergency medication kit review by the pharmaceutical advisory committee required by Section 300.1610(i)(3) of this Part.
- f) The reports of findings and recommendations from consultants required in Section 300.1880(a) of this Part.
- g) Copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation as required by Section 300.1880(d) of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.1880 Other Facility Record Requirements

## EMERGENCY

- a) The facility shall maintain a file of reports of findings and recommendations from consultants. Each report shall be dated and indicate each specific date and time the consultant was in the facility. (6)
- b) The facility shall complete the Illinois Department of Public Health Annual Long Term Care (LTC) Facility Survey. (6)

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## Section 300.1880 (continued)

## Section 300.2010(a) (continued)

- c) The facility shall maintain a permanent chronological resident registry showing date of admission, name of resident and date of discharge or death. (6)
- d) The facility shall make available to the Department upon request copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation. (6)
- e) Rules located in other Sections of this Part that pertain to the content and maintenance of facility records are as follows:
  - 1) The facility shall file an annual financial statement as described in Section 300.210 of this Part.
  - 2) Records and daily time schedules shall be kept on each employee as set forth in Section 300.650(a) and (b) of this Part.
  - 3) The facility shall maintain a controlled substances record as described in Section 300.1650(d) of this Part.
  - 4) Menu and food purchase records shall be maintained as set forth in Section 300.2080(d) and (f) of this Part.
  - 5) The facility shall maintain a file of all reports of serious incidents or accidents involving residents as required by Section 300.650 of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2010 Director of Food Services  
EMERGENCY

- a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of forty (40) hours each week. (B7-6)
- 1) This person shall be either a dietitian or a dietetic service supervisor as defined in Section 300.330. (B7-6)

- 2) The food service supervisor (director) may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision. (6)

## b) Consultation

- 1) If the person responsible for food service is not a dietitian, he/she shall have frequent and regularly scheduled consultation from a dietitian. This consultation, given in the facility, shall not be less than four (4) hours each month and shall include consultation and training in all food service procedures such as menu planning and review, food preparation, food storage, food service, safety, sanitation and management of therapeutic diets. In-service education in appropriate subject areas shall be given to all facility staff. (6)
- 2) Additional for Skilled Nursing Facilities  
in skilled nursing facilities such consultation shall be given not less than eight (8) hours per month.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2020 Dietary Staff in Addition to Director of Food Services  
EMERGENCY

There shall be sufficient number of food service personnel employed and on duty to meet the dietary needs of all persons eating meals in the facility. Their working hours shall be scheduled to meet the total dietary needs of the residents. All dietary employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be available in the dietary department for employees' knowledge and use. (B7-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)



Section 300.2030 Hygiene of Dietary Staff

Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2040 Diet Orders

a) Physicians shall write a diet order, in the medical record, for residents indicating whether the resident is to have a general or a therapeutic diet and the diet shall be served as ordered. A diet order for each resident shall be sent in writing to the food service department for each new admission and for every subsequent change in diet for that resident ordered by his physician. (6)

b) A diet order for each resident shall be sent in writing to the food service department. The diet order shall include at a minimum the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (See Section 300.2060 for ordering therapeutic diets.) (6)

c) The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2060 Therapeutic Diets

a) The diet order (see Section 300.2040(b)) shall include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (6)

b) Medically prescribed diets shall be recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be

Section 300.2060(b) (continued)

recorded in his record. (B<sub>5</sub>-6)

c) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen. (6)

d) All oral therapeutic diets, with the exception of liquid and medical soft diets, shall be reviewed at least every three months. Liquid diets shall be reviewed every forty-eight (48) hours; medical soft diets shall be reviewed every three (3) weeks. This review may be done by nursing personnel with recommendations to the attending physician. (B<sub>5</sub>-6)

e) The facility shall have available, and in use, two (2) or more copies of a current diet manual approved by the Department. One copy shall be located in the kitchen for use by dietary personnel; other copies shall be located at each nurses' station for available use by the physician when prescribing diets. (6)

f) All special diets or dietary restrictions shall be medically prescribed and shall be planned or approved by a dietitian or nutritionist. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2070 Scheduling Meals

a) A minimum of three (3) meals or their equivalent shall be served daily at regular times with no more than a fourteen (14) hour span between a substantial evening meal and breakfast. The fourteen (14) hour span shall not apply to facilities using the "four or five meal-a-day" plan, provided the evening meal is substantial and includes, but is not limited to, a good quality protein, bread or bread substitute, butter or margarine, a dessert and a nourishing beverage. (B<sub>5</sub>-6)

b) Between meals and/or bedtime snacks of nourishing quality shall be offered. (B)

c) If a resident refuses food served, reasonable and nutritionally

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appropriate substitutes shall be served. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2080 Menu Planning  
EMERGENCY

- a) Menus, including menus for "sack" lunches and between meal and/or bedtime snacks, shall be planned at least one (1) week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions" that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution(s); the meal at which the substitution(s) was (were) made; the menu as originally written; and the menu as actually served. (B<sub>7</sub>-6)

- b) The menu for the current week shall be dated and posted. Upon the request of the Department, sample menus shall be submitted for evaluation. (6)

- c) Menus shall be different for the same day of consecutive weeks. (6)

- d) All menus as actually served shall be kept on file for not less than thirty (30) days. (6)

- e) Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu. (6)

- f) Records of all food purchased shall be kept on file for not less than thirty (30) days. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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Section 300.2090 Food Preparation and Service  
EMERGENCY

- a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. (6)
- b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. (B<sub>7</sub>-6)
- c) All residents shall be served in a dining room or multi-purpose room except for an individual with a temporary illness, who is too ill, or for other valid reasons. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2110 Kitchen Equipment, Utensils, and Supplies  
EMERGENCY

The kitchen or dietary area shall be adequate to meet the food service needs. It shall have adequate equipment, utensils, and supplies to properly store, prepare, and serve the required number of meals in accordance with the latest edition of the Department's "Food Service Sanitation". This shall include, but is not limited to, the following: (B<sub>7</sub>-6)

- a) Each kitchen and floor pantry, or subkitchen, in each building shall be equipped with facilities to: maintain required food temperatures during storage, preparation and service; provide protection of cooking equipment and utensils from contamination; and prepare the planned meals. New or replacement equipment shall be of satisfactory institutional type based on generally accepted standards. (6)
- b) There shall be an adequate supply of food preparation equipment such as pots, pans, spoons, knives, mixers, etc., of the proper type to satisfactorily prepare the meals. (6)
- c) There shall be proper equipment to maintain food temperatures during service to residents. This equipment may be in the form of heated food carts, insulated food containers, or suitable equivalent. (B<sub>7</sub>-6)
- d) Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in



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the facility at each meal. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2210 Maintenance  
EMERGENCY

a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B<sub>7</sub>-6)

- 1) Maintain the building in good repair and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. (B<sub>7</sub>-6)
- 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. (A, B<sub>7</sub>-6)
- 3) Maintain all electrical cords and appliances in a safe and functioning condition. (B<sub>7</sub>-6)
- 4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe. (Painting, washing, etc.) (6)
- 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. (6)
- 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. (B<sub>7</sub>-6)
- 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. (6)
- 8) The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not

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Section 300.2210(a)(8) (continued)

less than 16 mesh screen to the inch and repair of any breaks in construction. (B<sub>7</sub>-6)

- b)
  - 1) Maintain all plumbing fixtures and piping in good repair and properly functioning. (B<sub>7</sub>-6)
  - 2) Protect the potable water supply from contamination by providing and properly installing adequate, backflow protection devices or providing adequate air gaps on all fixtures that may be subject to backflow or back siphonage.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2220 Housekeeping  
EMERGENCY

- a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B<sub>7</sub>-6)
  - 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B<sub>7</sub>-6)
  - 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs. (6)
  - 3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. (6)
- b) Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment, and other items. (B<sub>7</sub>-6)
- c) Bathrooms, shower stalls, and/or lavatories shall not be used for laundering, janitorial, or storage purposes. (6)
- d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or

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Section 300.2220(d) (continued)

rooms. (B7-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2230 Laundry Services  
EMERGENCY

- a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either thru an in-house laundry or a contract with an outside service.
  - 1) An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, pillow cases, etc. required to provide for the residents' needs. Additional changes of linen may be required in consideration of the time involved for laundering and transporting soiled linens. (6)
  - 2) If an in-house laundry service is provided then the following conditions shall exist:
    - A) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. (6)
    - B) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens. (6)
    - C) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. (6)
    - D) Clean linen shall be protected from contamination during handling, transport and storage. (6)
    - E) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel. (6)
    - F) The laundry and its accessory storage and handling areas

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Section 300.2230(a)(2)(F) (continued)

- shall not be used as a storage area for supplies not directly connected with the operation of the laundry. (6)
  - b) If an outside laundry service is used it shall comply with the requirements of in-house laundries and, in addition, shall provide for protection of clean linens during transport back to the facility. (6)
  - c) If the facility provides laundry service for resident's personal clothing it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2410 Furnishings  
EMERGENCY

- a) Each resident shall be provided with a separate bed suitable to meet the needs of the resident. Each bed shall be at least thirty-six (36) inches wide, have a headboard and footboard, be of sturdy construction and in good repair. A double bed shall be provided for married couples, if they request this arrangement, and there are no medical contraindications. (6)
- b) Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress of appropriate size for the bed. (6)
- c) Each bedroom shall have window shades, or equivalent, in good repair. (6)
- d) A satisfactory reading lamp, or equivalent, shall be provided for each bed. (6)
- e)
  - 1) Each bed shall be provided with a minimum of one (1) clean, comfortable pillow. (6)
  - 2) There shall be additional pillows available in the home to satisfactorily serve the needs of the residents. (6)



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Section 300.2410 (continued)

Section 300.2410(1) (continued)

- f) Each bedroom shall be provided with a mirror, unless there is a mirror in a bathroom opening into this bedroom. Each lavatory shall be provided with a mirror. (6)
- g) Each living room for residents use shall be provided with an adequate number of reading lamps, tables, and chairs or settees. These furnishings shall be well constructed and of satisfactory design for the residents. (6)
- h) Dining room furnishings shall be provided for each resident which are well constructed, comfortable, in good repair, and of satisfactory design for the residents. There shall be a sufficient number of tables, of a type that can be used by wheelchair residents, to accommodate all such residents in the facility. (6)
- i) Office spaces, nurses' stations, treatment rooms, and other areas shall be satisfactorily furnished with desks, chairs, lamps, cabinets, benches, work tables, and/or other furnishings essential to the proper use of the area. (6)
- j) For each bed there shall be furnished:
  - 1) A minimum of two (2) adequately sized dresser drawers. (6)
  - 2) A comfortable chair. (6)
  - 3) An individual towel rack. (6)
  - 4) A satisfactory reading light over, or at the side of, the bed. (6)
  - 5) Adequate closet, locker, or wardrobe space for hanging clothing within the room. (6)
  - 6) A satisfactory bedside cabinet. (6)
- k) A sufficient number of tables that can be either rolled over the resident's bed or that can be placed next to bed shall be provided to serve every resident who cannot, or does not, eat in a dining room or area. (6)
- 1) Provide proper storage in each resident's room, either within the bedside cabinet or in a separate cabinet, for individual equipment such as an emesis basin, bedpan, urinal, washbasin. Such storage need not be provided in the resident's room if it is satisfactorily

provided in a connecting bath or toilet room. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2420 Equipment and Supplies  
EMERGENCY

- a) 1) The facility shall have a supply of thermometers, emesis basins, ice bags, hot water bottles or equivalent, bedpans, urinals, and sets of enema equipment, sufficient to meet the needs of its residents. (8;6)
- 2) If the facility has residents who need the services of a suction machine, a sufficient quantity of such machines shall be provided to meet the needs of all such residents. (8;6)
- b) 1) There shall be at least one (1) bedside screen available in the facility for each fifty (50) beds or major fraction thereof in multiple bedrooms to provide residents' privacy when needed. (6)
- 2) There shall be cubicle curtains to provide privacy to each resident in multiple bedrooms. If cubicle curtains are not provided an adequate supply of bedside screens shall be provided for the same purpose.
- c) There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the residents. (B;6)
- d) There shall be a first-aid kit or emergency box in every facility. This shall contain bandages, sterile gauze dressing, bandage scissors, tape, sling, burn ointment, and other equipment deemed necessary by the advisory physician or the medical advisory committee.
- e) Activity program supplies shall be provided to maintain an ongoing program to meet the varied interests and needs of the residents. These shall include, but are not limited to, games, craft supplies, current magazines, books, radio, television, and record player. A piano or organ is recommended as an important adjunct to the activity program equipment. (6)

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## Section 300.2420 (continued)

## Section 300.2430(a)(3) (continued)

- f) Dishes and kitchen equipment shall be provided as set forth in Section 300.2100. (6)
- g) Cleaning equipment and supplies shall be provided as set forth in Sections 300.2210 through 300.2220. (6)
- h) Each resident shall have a satisfactory nurse call device. (See Section 300.2940(g) and 300.3140(e).)
- i) There shall be special equipment, implements, or utensils provided to residents as needed to assist them when eating. (B<sub>5</sub>-6)
- j) There shall be a sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures. This shall include at a minimum the following: wheelchairs with brakes, walkers, metal bedside rails, bedpans, urinals, emesis basins, wash basins, footstools, metal commodes, over the lap tables, foot cradles, footboards, under the mattress bed boards, trapeze frames, transfer boards, parallel bars, and reciprocal pulleys. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2430 Sterilization of Equipment and Supplies  
EMERGENCY

- a) Every facility shall follow an acceptable plan to provide for sterile equipment and supplies, such as needles, syringes, catheters, and dressing. There shall be an autoclave available for sterilizing this type of equipment and supplies. The autoclave should be located in a central sterilization area, or clean utility area. It may be located at the nurses' station. An autoclave will not be required in a facility when other acceptable arrangements have been made, such as: (A, B<sub>5</sub>-6)
  - 1) Use of individually wrapped sterile dressings, disposable syringes, needles, catheters, gloves, etc. which shall be disposed of after a single use.
  - 2) Formal plan with another facility for the autoclaving of equipment and supplies.
  - 3) Other alternative methods when approved on an individual basis

in writing from the Department based on a written request from the facility giving in detail the method proposed to be used and which method meets equivalent criteria for proper sterilization for these items to be sterilized.

- b) Every facility shall sanitize bed pans, urinals, wash basins, emesis basins, enema equipment, and similar type nursing care utensils as follows:
  - 1) Individual bed pans, urinals, wash basins, and similar equipment shall be sanitized periodically while the patient is in the facility. If individual equipment is not provided, the equipment shall be sanitized after each use. (B)
  - 2) Utensils shall be sanitized in a utensil sanitizer. This procedure shall be done in a soiled utility room. (B)
  - 3) Sanitization may be approved other than in a utensil sterilizer. Such approval shall be on an individual basis in writing from the Department based on a written request from the facility giving in detail the method proposed to be used and which method meets equivalent criteria for proper sanitization of the items to be sanitized.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2610 Codes  
EMERGENCY

Water supply, sewage disposal and plumbing systems shall comply with all applicable State and local codes and ordinances. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2620 Water Supply  
EMERGENCY

- a) Each facility shall be served by water from a municipal public water supply when available. (B<sub>5</sub>-6)
- b) When a municipal public water supply is not available, the water



Section 300.2620(h)

supply shall comply with "Rules for Water Systems" as amended. (B7-6)

- c) 1) If water is supplied by a municipal system, the well shall be in accordance with the "Illinois Water Well Pump Installation Code" and maintained in accordance with the "Illinois Well Construction Code" and

- 2) Each facility, company, dairy, or other water purveyor to provide an emergency supply of potable water for drinking and culinary purposes.

(Source: Emergency amendment at 12 Ill. Reg. 18677, effective October 24, 1988, for a maximum of 150 days)

Section 300.2630 Sewage Disposal  
EMERGENCY

- a) All sewage and liquid wastes shall be discharged into a public sewage system.

- b) When a public sewage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a private sewage disposal system. The design, construction, maintenance, and operation of the system shall comply with the "Private Sewage Disposal Licensing Act and Code," as amended. (B7-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2640  
EMERGENCY

Each plumbing system shall comply with the "Illinois State Plumbing Code" and the rules and regulations promulgated by the Department of Public Health for construction and/or approved acceptance by the Department. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2640  
EMERGENCY

a)

not defined

Specifications have prior to the time that the final drawings are submitted to the Department for approval. Alternatives will be provided within (6) days of receipt by the Department. (6)

Buildings or structures coming within drawings and outline specifications shall be provided within (6) days of receipt by the Department for approval. Alternatives will be provided within (6) days of receipt by the Department. (6)

the Department for approval. Alternatives will be provided within (6) days of receipt by the Department. (6)

- d) Any contract modification which effect of change the function, design, or purpose of a building shall be submitted to the Department for approval prior to construction. Such approval will be based upon compliance with the Department's rules and regulations. Comments or approval will be provided within thirty (30) days of receipt by the Department. (6)

- e) The Department shall be notified at least thirty (30) days before construction has been completed. The Department will then complete final inspection. Deficiencies noted during the final inspection

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## Section 300.2810(e) (continued)

- must be completed before occupancy will be allowed. {6}
- f) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board requirements must be met for all alterations and remodeling projects. {6}
- g) No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the Department and have been reviewed and approved. Such approval will be based upon compliance with Section 300.2820. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2820 Codes and Standards  
EMERGENCY

- a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of the rules or regulations of any Agency of the United States or of any standards of a nationally recognized organization or association includes no new amendments or editions made after the date specified. (A, B, C)

- |  |  |
|--|--|
| 1) State of Illinois Codes and Standards   | Code or Standards Agency   |
| A) Ill. Plumbing Code (1983) (77 Ill. Adm. Code 890)                                 | Department of Public Health (IDPH) Environmental Health Protection |
| B) Accessibility Standards Illustrated (as amended March 1981) 77 Ill. Adm. Code 400 | Capital Development Board  |

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## Section 300.2820(a)(1) (continued)

- |  |   |
|--|---|
| C) Fire Prevention and Safety 1983 (41 Ill. Adm. Code 100)   | Office of State Fire Marshal                                |
| D) Food Service Sanitation 1983 (77 Ill. Adm. Code 750)  | Department of Public Health Environmental Health Protection |
| E) Boiler and Pressure Vessel Safety Act (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 3201 et seq.) and Boiler and Pressure Vessel Safety Rules and Regulations 1984 (41 Ill. Adm. Code 120) | Office of State Fire Marshal                                |
| F) State of Illinois Safety Glazing Materials Act, (Ill. Rev. Stat. 1983, ch. 111 1/2 par. 3101 et seq.)   | Codes or Standards Agency                                   |
| 2) Other Codes and References  | National Fire Protection Association                        |
| A) National Fire Protection Association  | National Fire Protection Association                        |
| i) NFPA 101 Life Safety Code 1981 Edition (New Health Care Occupancies) and all appropriate references under Appendix "B", including but not limited to:                                 |   |
| ii) NFPA 10 1978, Standard for Portable Extinguishers  |   |
| iii) NFPA 13 1980, Standards for the Installation of Sprinkler Systems   |   |



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Section 300.2820(a)(2)(A) (continued)

Section 300.2820(a)(2)(C) (continued)

- iv) NFPA 56F 1977, Standard for Non-Flammable Medical Gas Systems
- v) NFPA 70 1981, National Electric Code
- vi) NFPA 90A 1978, Standard for the Installation of Air Conditioning and Ventilating Systems
- vii) NFPA 96 1980, Standard for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment
- viii) NFPA 220 1979, Standard Types of Building Construction
- ix) NFPA 253 1978, Flooring Radiant Heat Energy Test
- x) NFPA 255 1972, Test of Surface Burning Characteristics of Building Materials
- B) Underwriters' Laboratory, Inc. (UL) Underwriters' Laboratories, Inc.
- i) Fire Resistance Index (date) (All Editions)
- ii) Building Material Directory (All Editions)
- iii) Standard No. 181-1974 Factory Made Air Duct Materials and Air Duct Connectors
- C) American Society for Testing and Materials (ASTM) American Society for Testing and Materials

- i) Standard No. E-84-1977A Method of Test for Surface Burning Characteristics of Building Materials (Same as NFPA 255)
- ii) Standard No. E90-1975 Recommended Practice for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions
- D) American Society of Heating, Refrigerating and Air Conditioning American Society of Heating, Refrigerating, and Air Conditioning
- i) Handbook of Fundamentals, 1977
- ii) Standard No. 52-76 Methods of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matters
- E) Uniform Building Code (1982 Edition) International Conference of Building Officials
- F) Standard No. A17.1-1971 American Standards Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped American National Institute
- G) Standard No. A17.1-1971 American National Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Stairs American National Standards Institute
- H) Pamphlet P-2.1-1976 Standard for Medical/Surgical Vacuum Systems in Hospitals Compressed Gas Association

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## Section 300.2820(a)(2) (continued)

I) Public Health Service  
Publication No. 934  
Food Service  
Sanitation Manual

Superintendent of  
Documents U.S.  
Government Printing  
Office

J) HUD FT-TS-24 A Guide  
to Air Borne, Impace  
and Structure Borne  
Noise-Control in  
Multi-Family Dwellings

Superintendent of  
Documents U.S.  
Government Printing  
Office

b) In addition to compliance with the Standards set forth herein, all building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions in which the facility is, or will be located must be observed. (A, B<sub>7</sub>-6)

c) Where no local building code exists, the recommendations of the 1976 Edition of the Uniform Building Code shall apply. (6)

d) The local building code or the recommendations of the 1982 Edition of the Uniform Building Code shall apply insofar as such recommendations are not in conflict with these standards set forth in these regulations, or with the National Fire Protection Association Code 101, Life Safety Code, 1981. (6)

e) The Fire Safety Evaluation System for Health Occupancies (Appendix C) of the 1981 edition of the Life Safety Code (NFPA 101) shall be used by the Department in determining whether any facility's proposed equivalent system is safe and does not constitute a hazard to the life and safety of the staff and residents. In making its determination regarding the proposed equivalent system, the Department shall consider those factors listed in Appendix C.

f) Pursuant to the Medicare-Medicaid certification requirements of 42 CFR 405.1134 (a) (1983) and 42 CFR 442.321(c) (1983), any skilled nursing facility that on December 4, 1980 or on November 26, 1982, or any intermediate care facility that on November 26, 1982 complied with the requirements of the 1967 or 1973 edition of the Life Safety Code will be considered to be in compliance with Section 300.2820 (a)(2)(A)(1), as long as the facility continues to remain in compliance with that edition of the Code.

(Source: Emergency amendment at 12 Ill. Reg. 1847<sup>7</sup> effective October 24, 1988, for a maximum of 150 days)

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Section 300.2830 Preparation of Drawings and Specifications  
EMERGENCY

- a) The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois: (6)
- b) The first submission shall be the design development drawings indicating in detail the assignment of all spaces, size or areas and rooms, and indicating in outline, the fixed and movable equipment and furniture, and the outline specifications. (6)
- c) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design. (6)
- d) The drawings shall include: (6)
  - 1) a plan of each floor including the basement or ground floor,
  - 2) roof plan,
  - 3) plot plan showing roads, parking areas, sidewalks, etc.,
  - 4) elevations of all facades,
  - 5) sections through the building,
  - 6) identification of all fire and smoke compartmentation.
- e) Outline specifications shall provide a general description of the construction including finishes; acoustical material, floor covering; heating and ventilating systems; description of the electrical system including the emergency electrical system and the type of elevators.
- f) The total gross floor area and bed count shall be shown on the drawings.
- g) A brief narrative of the proposed program shall be submitted with the preliminary drawings and outline specifications. (6)
- h) Following approval of the design development drawings and the outline specifications, working drawings and specifications shall be submitted. All working drawings shall be well prepared and clean and distinct prints shall be submitted. Drawings shall be accurately dimensioned and include all necessary explanatory notes, schedules and legends. Working drawings shall be complete and adequate for contract purposes. Drawings shall be prepared for each of the

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.2830(h) (continued)

following branches of work: Architectural, Structural, Mechanical, Electrical and Plumbing. (6)

## 1) The architectural drawings shall show:

A) Site plan showing all topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be landscaped. All structures which are to be removed under the construction contract shall be shown. (6)

B) Plan of each floor and roof. (6)

C) Elevation of each facade. (6)

D) Sections through building. (6)

E) Elevators and dumbwaiters drawings delineating shaft details and dimensions, sizes of cab platforms and doors, travel distances including elevation height of landings, pit sizes, and machine rooms. (6)

F) Kitchen, laundry, clean and soiled utility room, special care areas, and similar areas detailed at a scale to show the locations, type, size and connection of all fixed and movable equipment. (6)

G) Scale details as necessary at a scale sufficiently large to properly indicate details of the work. (6)

H) Schedule of finishes. (6)

## 2) The structural drawings shall show:

A) Plans of foundations, floors, roofs and all intermediate levels shall show the complete design with sizes, sections, and the relative location of the various members including: (6)

B) Schedule of beams, girders and columns. (6)

C) Notes on design data including the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing

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## Section 300.2830(h)(2)(C) (continued)

pressures. (6)

D) Details of special connections, openings, pipe sleeves and expansion joints. (6)

E) Special structures shall include calculations defining load assumption, shear and moment diagrams and horizontal and vertical reactions. (6)

3) Mechanical drawings with specifications shall show the complete heating, cooling and ventilation systems; plumbing, drainage, stand pipe, and sprinkler systems. (6)

A) Heating, Cooling and Ventilation.

i) Pumps, tanks, boilers and piping and boiler room accessories.

ii) Air conditioning systems with required equipment, water and refrigerant piping, and ducts. (6)

iii) Supply and exhaust ventilating systems with connections and piping. (6)

iv) Air quantities for all rooms including supply and exhaust ventilating duct openings.

B) Plumbing, Drainage and Stand Pipe Systems.

i) Size and elevation of: street sewer, house sewer, house drains, street water main and water service into the building. (6)

ii) Location and size of soil, waste, and vent stacks with connections to house drains, cleanouts, fixtures and equipment. (6)

iii) Size and location of hot, cold and circulating mains, branches, and risers from the service entrance, and tanks. (6)

iv) Riser diagram of all plumbing stacks with vents, water risers and fixture connections. (6)

v) Gas, oxygen and similar piped systems.



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## Section 300.2830(h)(3)(B) (continued)

- vi) Stand pipe and sprinkler systems.
  - vii) All fixtures and equipment that require water and drain connections. (6)
- 4) Electrical drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.
- A) Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections. (6)
  - B) Location of main switchboard, power panels, light panels and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches. (6)
  - C) Light outlets, receptacles, switches, power outlets, and circuits. (6)
  - D) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the telephone company. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the telephone company. (6)
  - E) Nurses' call systems with outlets for beds, duty stations, corridor signal lights, annunciators and wiring diagrams. (6)
  - F) Fire alarm system with stations, signal devices, control board and wiring diagrams. (6)
  - G) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits. (6)
  - H) All other electrically operated systems and equipment. (6)
- 5) When the project is an addition, details and information on the existing building shall be provided as follows:
- A) Type of activities within the existing building and

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## Section 300.2830(h)(5)(A) (continued)

- distribution of existing beds, etc. (6)
- B) Type of construction of existing building and number of stories in height. (6)
- C) Plans and details showing attachment of new construction to the existing structure. (6)
- D) Mechanical and Electrical systems showing connections to the existing system. (6)
- E) The Department may require submission of drawings of all or any part of the existing structure, depending upon the extent of the modification. (6)
- 6) Specifications shall supplement the drawings and shall: Describe, except where fully indicated and described on the drawings, the materials, workmanship, kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles and devices.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2840 Site  
EMERGENCY

- a) The facility shall be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding. (6)
- b) The facility shall be located so that the building or buildings can comply with all applicable local zoning ordinances, building restrictions and fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, or safety of the residents in the facility. These additional requirements shall include, but are not limited to fences, stairs, and other types of barriers to prevent residents from injury. (6)
- c) The facility shall be served by a potable water supply with water

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## Section 300.2840(c) (continued)

pressure and volume that is acceptable to the Department. (B<sub>5</sub>-6)

- d) The distance from the fire station, the accessibility of the facility, and capability of the fire department must be approved in writing by the Office of the State Fire Marshal. (B<sub>5</sub>-6)
- e) The facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. Evaluation and written approval must be obtained from the Office of the State Fire Marshal. (B<sub>5</sub>-6)
- f) Plans showing the proposed building location must be submitted to the Illinois Department of Transportation, Division of Water Resources to determine compliance with the State Flood Plain Regulations and Executive Order IV, 1979. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.2850 Administration and Public Areas

## EMERGENCY

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas. (6)
- b) Lobby shall include a reception and information counter or desk, waiting space(s), and public telephones. See Illinois State Plumbing Code for drinking fountains(s) and toilet facilities requirements for staff and visitors. (6)
- c) General or Individual Office(s) shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Director of Nursing, Food Service Supervisor, Activity Director, Social Service Director, etc.), and Professional Consultants (Medical Director, Pharmacist, Dietitian, Social Worker, etc.) (6)
- d) Multipurpose room(s) shall be provided for conferences, meetings, interviews, and educational purposes. (6)

## Section 300.2850 (continued)

- e) Provide adequate space for recording, reviewing and storing resident records. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.2860 Nursing Unit

## EMERGENCY

- a) The number of resident beds in a nursing unit shall not exceed seventy-five (75) beds. (6)
  - 1) Sixty (60) percent of the resident beds shall be in one (1) or two (2) bed rooms. (6)
  - 2) Three (3) percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory. (6)
- b) Bedrooms General
  - 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room. (6)
  - 2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2) and (e)1). (6)
  - 3) Residents shall have access to a toilet room without entering the general corridor area. (6)
  - 4) Provide a closet or wardrobe of at least four (4) square feet for each resident. (6)
  - 5) Residents bedroom floor shall be at or above grade level. (6)
  - 6) Each room used as a resident bedroom shall have at least one (1) outside window, and a total window area to the outside equal to at least one-tenth (1/10) the floor area of the room. (6)
  - 7) Nurses' call system shall be provided in accordance with Section 300.2940(g). (B<sub>5</sub>-6)
  - 8) Complete visual privacy shall be provided for each resident in

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## Section 300.2860(b)(8) (continued)

multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet. {6}

- 9) No resident bedroom shall be located more than one hundred twenty (120) feet from the nurses' station, clean utility room, and soiled utility room. {6}

## c) Resident Bedrooms

- 1) Single resident bedrooms shall contain at least one hundred (100) square feet. Multiple resident bedrooms shall contain at least eighty (80) square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways. {6}
- 2) Multiple resident bedrooms shall not have more than four (4) beds nor more than three (3) beds deep from an outside wall. All beds shall have a minimum clearance of three (3) feet at the foot and sides of the bed. {6}

## d) Special Care Room

- 1) Provide a special care room for each nursing unit. {6}
- 2) Provide this room with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B<sub>7</sub>-6)
- 3) This room shall be located to allow direct visual supervision from the nurses' station. {6}
- 4) This room shall be included in the authorized maximum bed capacity for the facility. {6}
- 5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he/she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. {6}

e) Nurses' Station (B<sub>7</sub>-6)

- 1) Provide a minimum of one (1) nursing station per unit with direct access to the corridor for each nursing unit. The

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## Section 300.2860(e)(1) (continued)

location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.

- 2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.
- 3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

## f) Bath and Toilet Rooms

- 1) The resident bedroom toilet room shall serve no more than two (2) resident rooms nor more than eight (8) beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory. {6}
- 2) Provide one (1) wheelchair resident toilet room for each sex residing in nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory. {6}
- 3) Wheelchair resident toilet room(s) are not required when all resident toilet rooms can accommodate wheelchair residents. {6}
- 4) Provide one (1) training toilet room on each nursing floor, that is accessible from the corridor. Provide three (3) foot clearance at the front and both sides of the water closet. This room shall contain a lavatory accessible for wheelchair use. {6}
- 5) Provide one (1) bathtub or shower for each ten (10) resident beds per nursing unit which are not served by bathing or showering facilities in resident room. {6}
- 6) All shower stalls for residents not needing assistance shall be at least three (3) feet square and shall have no curb. {6}
- 7) Provide at least one (1) bathtub for assisted bathing per nursing unit. There shall be a clear area at least three (3)



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## Section 300.2860(f)(7) (continued)

- feet wide at both sides and one end of the tub. (6)
- 8) Provide at least one (1) shower stall for assisted showering per nursing unit. The shower stall shall be at least four (4) feet square with no curb. (6)
- 9) Provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility. (6)
- 10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy. (6)
- g) Utility Rooms
- 1) Clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.) (6)
- 2) Clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove. (6)
- 3) Soiled utility room shall have direct access to a corridor. This room shall contain work counters, double compartment sink with integral drainboard, storage cabinets, a clinical rim flush sink, and sanitizer (See Section 300.2930). (6)
- 4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed. (6)
- h) 1) Medicine station shall be provided for convenient and prompt twenty-four (24) hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. Provision for handwashing and medication purposes shall be provided in medication preparation room. (6)
- 2) If medicine dispensing carts are used, a specific space shall be

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## Section 300.2860(h)(2) (continued)

- provided which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. Provision for handwashing and medication purposes shall be provided in the nurses' station. (6)
- i) Nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units. (6)
- j) Room for examination and treatment of residents shall be provided and shall have a minimum floor area of one hundred (100) square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet (10'-0"). The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing. (6)
- k) Equipment storage room(s) shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, wheelchairs and etc. (6)
- l) Parking space for wheelchairs shall be provided and located out of path of normal traffic. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)
- Section 300.2870 Dining, Living, Activities Room(s)  
EMERGENCY
- a) The combined area of these rooms shall not be less than twenty-five (25) square feet per resident bed. (6)
- b) Provide a minimum of one (1) dining room with at least ten (10) square feet per resident bed. Provide facilities to allow individual feeding of residents on their sleeping floor if they are not able to feed themselves. Dining area provided for this function may be included in the required area. (6)
- c) Provide a minimum of one (1) comfortably furnished living room on each floor in multiple story buildings having a total window area of at least one-tenth (1/10) the floor area. (6)

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## Section 300.2870 (continued)

- d) Provide activities room based on program requirements. This room(s) may be combined with the living and/or dining room. (6)
- e) Locate these rooms so that they are not an entrance vestibule from the outside. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.2880 Therapy and Personal Care

EMERGENCY

- a) Physical and occupational therapy facilities shall be provided as may be required by Section 300.1420. (6)
- b) A separate room shall be provided with appropriate equipment for hair care and grooming needs of the residents. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.2890 Service Departments

EMERGENCY

- a) Dietary facilities shall comply with the standards specified in the State of Illinois Rules and Regulations for Food Service Sanitation and the Food Service Sanitation Manual, Public Health Service No. 934. Food service facilities shall be designed and equipped to meet the requirements of the Narrative Program. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two. (B5-6)
- b) The kitchen, consisting of food preparation, cooking and serving areas, shall be approximately ten (10) square feet per resident bed with a minimum area of at least two hundred (200) square feet. It shall be properly located for efficient food service, and be large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. (B5-6)
- c) The following facilities shall be provided as required to implement the type of food service selected:
  - 1) A control station shall be provided for receiving food

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## Section 300.2890(c)(1) (continued)

- supplies. (6)
- 2) Storage space shall be adequate to provide normal and emergency supply needs, approximately two and one half (2 1/2) square feet per patient bed, for bulk and daily food storage, located in a room convenient to the kitchen. (6)
- 3) Food Preparation Facilities Conventional food preparation systems require space and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service require space and equipment for thawing, portioning, heating, cooking, or baking. (6)
- 4) Handwashing facility(ies) shall be located in the food preparation area. (6)
- 5) Residents' meal service facilities shall be provided as required for tray assembly and distribution. (6)
- 6) Warewashing space shall be located in a room or an alcove separate from food preparation and serving areas. Commercial type dishwashing equipment shall be provided. Space shall also be provided for receiving, scraping, sorting, stacking and loading soiled tableware and for transferring clean tableware to the using areas. A handwashing lavatory shall be provided. (B5-6)
- 7) Potwashing facilities shall be located conveniently for washing and sanitizing cooking utensils. (B5-6)
- 8) Storage areas shall be provided for cans, carts, and mobile tray conveyors. (6)
- 9) Waste storage facilities shall be located in a separate room easily accessible to the outside for direct pickup or disposal. (6)
- 10) Office(s) or desk spaces shall be provided for dietitian(s) and/or the dietary service manager. (6)
- 11) Toilets shall be accessible to the dietary staff. Handwashing facilities shall be immediately available. (6)
- 12) A janitors' closet for the exclusive use of the food preparation



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## Section 300.2890(c)(12) (continued)

areas shall be located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. (6)

13) Self-dispensing ice-making facilities shall be provided. (6)

14) Provide adequate can, cart and mobile tray washing facilities as required. (6)

## d) Linen Service

1) Provide a laundry room with commercial type equipment designed to meet the needs of the facility unless a commercial laundry service is used. (6)

2) The laundry facilities shall be designed to provide for the processing of linens from soiled linen receiving/sorting through washing, through drying, through clean linen inspection, folding and storage, maintaining a separation between soiled and clean functions. (6)

3) Provide for the storage of laundry supplies and carts. (6)

4) If washers and dryers are provided for personal use of residents, they shall be located in a room separate from the facility's laundry room(s). (6)

## e) Housekeeping and Storage

1) Sufficient janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space(s) for large housekeeping equipment and for back-up supplies may be centrally located. (6)

2) Provide a total area of approximately ten (10) square feet per resident bed for the storage areas designated in this service department. This does not include closets or wardrobes in residents' rooms. Separate storage space with provisions for locking and security control shall be provided for residents' personal effects which are not kept in residents' bedroom. (6)

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## Section 300.2890(e) (continued)

3) Provide storage rooms for maintenance supplies, yard equipment, etc. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.2900 Building General  
EMERGENCY

## a) Elevators

1) Have a minimum of one (1) elevator in all buildings of two (2) or more stories in height. The basement shall be considered as one (1) story if it is used by residents. (B3-6)

2) If eighty (80) to two hundred (200) beds are located above the first floor, at least one (1) additional elevator shall be provided. (6)

3) For facilities with more than two hundred (200) beds, the number of elevators shall be determined from a study of the use requirements and the estimated vertical transportation requirements.

4) A minimum of one (1) car shall be of institutional type having inside dimensions that will accommodate a stretcher and attendants and shall be at least five feet (5' 0") by seven feet, six inches (7'-6"). The car door shall have a clear opening of not less than three feet, eight inches (3' 8"). (6)

5) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type. (6)

6) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped in accordance with Capital Development Board rules entitled Accessibility Standards Illustrated (71 Ill. Adm. Code 400).

7) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke. (8)

8) Elevators, except freight elevators, shall be equipped with a two-way special service key operated switch to permit cars to



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## Section 300.2900(a)(8) (continued)

## Section 300.2900(c)(3) (continued)

- bypass all landing button calls and be dispatched directly to any floor. (B<sub>7</sub>-6)
- 9) Fireman's emergency operations shall be furnished in accordance with American National Standards Institute Standard A17.1 Elevator Safety Code. (B)
- 10) Inspections and tests shall be made and written certification be furnished that the installation meets the requirements set forth in this section and all applicable safety regulations and codes. (B)
- b) Handrails and Grab Bars
- 1) Handrails shall be provided on both sides of all corridors and ramps used by residents. (B<sub>7</sub>-6)
  - 2) Handrails shall be provided on all sides of elevator cab not provided with a door. (B<sub>7</sub>-6)
  - 3) Handrails on stairs used by residents shall be provided on both sides of the stairs including the platforms and landings. (B)
  - 4) Handrail dimensions and details shall conform to the Capital Development Board rules entitled Accessibility Standards Illustrated (71 Ill. Adm. Code 400). It is recommended that handrails be installed at a height of thirty-two (32) inches measured vertically from the floor surface. (B<sub>7</sub>-6)
  - 5) Grab bars shall be provided for all resident use toilets, showers, tubs, etc. (B<sub>7</sub>-6)
  - 6) The ends of handrails and grab bars shall return to the wall. (B<sub>7</sub>-6)
- c) Ceiling Heights
- 1) All rooms occupied or used by residents shall have ceilings not less than eight (8) feet. (6)
  - 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have ceilings not less than seven (7) feet, eight (8) inches. (6)
  - 3) Suspended tracks, rails and pipes located in the path of traffic

- shall be no less than six (6) feet eight (8) inches above the floor. (6)
- 4) Boiler room shall have ceiling clearances not less than two (2) feet six (6) inches above the main boiler header and connecting piping. (6)
- d) Doors and Windows
- 1) Main entrance and all exit doors shall swing outward and be provided with door closers and panic hardware. (B<sub>7</sub>-6)
  - 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (B<sub>7</sub>-6)
  - 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and keys are carried by the staff at all times. (B<sub>7</sub>-6)
  - 4) Resident toilet rooms shall open directly into a corridor or into a resident bedroom. (B<sub>7</sub>-6)
  - 5) The doors for the toilet rooms used by residents shall have a minimum door width of three (3) feet. (B<sub>7</sub>-6)
  - 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress to the room. (B<sub>7</sub>-6)
  - 7) Doors and windows shall fit snugly and be weather tight, yet open and close easily. (6)
  - 8) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, sixteen (16) mesh screens. Screen doors shall be equipped with self-closing devices. (6)

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## Section 300.2900(d) (continued)

- 9) All doors to resident's sleeping rooms shall be provided with automatic closers actuated by smoke detectors in the resident room. The doors shall normally be free swinging in the open and close directions, and be designed so they will remain in any position except when they are actuated by the detector. They shall then close gently and shall latch when closed. When so actuated they shall automatically close again if opened manually. Each door shall be equipped with a light mounted on the wall adjacent to the door. The light shall illuminate if the door has been closed as a result of the actuation of the controlling smoke detector. Each door closer will be activated only when its own detector annunciates a fire. In addition, a centrally located monitor shall contain signals which identify the resident room in which the smoke detector has signaled the alarm. The system shall be wired into the fire alarm system. (B<sub>1</sub>-6)

## e) Floors

- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. Floors shall be covered wall to wall with water resistant material in wet areas including but not limited to bathrooms, kitchens, utility rooms. (B<sub>1</sub>-6)
- 2) Thresholds and expansion joints shall be flush with the floor to facilitate use of wheelchairs and carts. {6}

- f) Mirrors shall be installed above all lavatories except handwashing lavatories in food preparation areas, or in clean and sterile supply areas or at nurses handwashing sink. {6}

- g) Provide paper towel dispensers and waste receptacles or electric hand dryers at all lavatories. {6}

- h) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundry rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10 ° F above the ambient room temperature. {6}

## i) Sound Transmission Limitation

- 1) Recreation rooms and exercise rooms, and similar spaces where impact noises may be generated, shall not be located directly over resident bed areas unless special provisions are made to

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## Section 300.2900(i)(1) (continued)

- minimize such noise. {6}

- 2) Sound transmission limitations shown in Table A shall apply to partitions, floors, and ceiling construction in resident areas. {6}

## j) Hazardous Areas, Fire Extinguishers and Miscellaneous

- 1) Interior finish flame spread ratings shall be in accordance with the National Fire Protection Association, Life Safety Code Standard 101, Standards for Flame Spread and Smoke Emission Ratings. (B)
- 2) There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens, laundry rooms and beauty shops. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B<sub>1</sub>-6)
- 3) Approved containers with proper covers shall be provided for daily storage of rubbish. (B<sub>1</sub>-6)
- 4) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B<sub>1</sub>-6)
- 5) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around building, including its location, indicate that such additional protection is needed. Additional fire protection measures shall include, but are not limited to the installation of a fire watch, installation of a sprinkler system, and/or installation of smoke detectors. (B<sub>1</sub>-6)
- k) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. (A, B<sub>1</sub>-6)

(Source: Emergency amendment at 12.111. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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Section 300.2910 Structural  
EMERGENCY

a) Design Data - General

- 1) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice. (B<sub>7</sub>-6)
- 2) Special provision shall be made for loads which have a greater load than the specified minimum live load, including partitions which are subject to change of location. (B<sub>7</sub>-6)
- b) Construction shall be in accordance with the requirements of National Fire Protection Association Standard 101, Life Safety Code, and the minimum requirements contained herein. (A, B<sub>7</sub>-6)
  - 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one (1) foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. It is recommended that soil test borings be taken to establish proper soil-bearing values for the soil at the building site. (6)
  - 2) Assumed live loads shall be in accordance with the International Conference Building Officials Uniform Building Code. (6)
  - 3) The fire resistance rating of the structural members shall be as established by National Fire Protection Association Standard 220 (Standard Types of Building Construction). (6)
- c) Provisions for Natural Disasters (B<sub>7</sub>-6)
  - 1) Earthquakes: In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the International Conference Building Officials Uniform Building Code. Seismic zones are identified on the attached map. (B<sub>7</sub>-6)
  - 2) Tornadoes and Floods: Special provisions shall be made in the design of buildings, including structural design, in regions

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Section 300.2910(c)(2) (continued)

where local experience shows loss of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18471 effective October 24, 1988, for a maximum of 150 days)

Section 300.2920 Mechanical Systems  
EMERGENCY

a) General

- 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of these standards. (6)
  - 2) Upon the completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating and preventative maintenance instructions, parts list with numbers and descriptions for each piece of equipment and a copy of the air-balance report. A complete set of these documents shall be kept on the premises. (6)
  - 3) The owner shall be provided with instructions in the operational use of the systems and equipment as required. (6)
- b) Thermal and Acoustical Insulation
- 1) Insulation shall be provided for the following:
  - 2) Boilers, smoke breaching, and stacks. (6)
  - 3) Steam supply and condensate return piping. (B<sub>7</sub>-6)
  - 4) Hot water piping above 180 ° F and all hot water heaters, generators, and converters. (6)
  - 5) Hot water piping above 125 ° F which is exposed to contact by residents. (B)
  - 6) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point. (6)
  - 7) Water supply and drainage piping on which condensate may occur. (6)



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## Section 300.2920(b) (continued)

- 8) Air ducts and casings with outside surface temperatures below ambient dew point. (c)
  - 9) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system. (c)
  - 10) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive system heat loss or excessive heat gain. (c)
  - 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of one hundred fifty (150) or less as determined by an independent testing laboratory in accordance with American Society Testing Materials Standard E84. (B<sub>7</sub>-6)  
Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building, or do not penetrate a wall or roof or do not create an exposure hazard.
  - 12) Access for filter changing shall be provided within equipment rooms. (c)
- c) Steam and Hot Water Systems  
Supply and return mains and risers for cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends. (c)
- d) Heating, Cooling, and Ventilating Systems
- 1) A design temperature of 75 ° F for both summer and winter design conditions shall be provided for all resident use areas including corridors. (c)
  - 2) All ventilation supply, return and exhaust systems shall be mechanically operated. (c)
  - 3) Outdoor air intakes shall be located as far as practical but not less than fifteen (15) feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving

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## Section 300.2920(d)(3) (continued)

- central systems shall be located as high as practical but not less than six (6) feet above ground level, or if installed above the roof, three (3) feet above roof level.
- 4) The ventilation systems shall be designed and balanced to provide the pressure relationships and ventilation rates as shown in Table B. (B<sub>7</sub>-6)
  - 5) A manometer shall be installed across each filter bed serving central air systems. (c)
  - 6) Air conditioning and ventilation systems shall be designed, installed and maintained as required by National Fire Protection Association Standard 90A. (A, B<sub>7</sub>-6)
  - 7) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with National Fire Protection Association Standard 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratories. (A, B<sub>7</sub>-6)
  - 8) The ventilation of the medical gas storage room(s) shall conform to the requirements of National Fire Protection Association Standard 56A "Inhalation Anesthetics" including the gravity option system. (B<sub>7</sub>-6)
  - 9) Boiler rooms and other rooms having combustion equipment shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures to 97 ° F. Effective Temperature as defined by American Society Heating Refrigeration Engineers Handbook of Fundamentals. (A, B<sub>7</sub>-6)
  - 10) Rooms containing heat producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, and sterilizer rooms shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10° F. above the ambient temperature. (c) The ventilation rates shown in Table B shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(Source: Emergency amendment at 12 Ill. Reg. 18472, effective October 24, 1988, for a maximum of 150 days)

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## Section 300.2930 Plumbing Systems

EMERGENCY

## a) General

All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of resident required water closets, lavatories, bathtubs, showers, and other fixtures shall be as required by the standards and the facility program. (B<sub>5</sub>-6)

## b) Plumbing Fixtures

- 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials.
- 2) The water supply spout for lavatories and sinks required for filling pitchers for nursing staff and food handlers, handwashing, shall be mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. (B<sub>5</sub>-6)
- 3) Handwashing lavatories used by nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, the blade handles shall not exceed four and one half (4 1/2) inches in length, except the handles on clinical sinks shall not be less than six (6) inches in length. {6}
- 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. {6}
- 5) The potwashing sink shall be a three (3) compartment sink with one compartment at least fourteen (14) inches deep. {6}
- 6) Shower bases and tub bottoms shall be provided with nonslip surfaces. (B<sub>5</sub>-6)

## c) Water Supply Systems

- 1) Water supply systems shall be designed to supply water at sufficient pressure and volume to operate all fixtures and equipment during maximum demand periods. {6}
- 2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture. {6}

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## Section 300.2930(c) (continued)

- 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers. {6}
  - 4) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B<sub>5</sub>-6)
  - 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>5</sub>-6)
  - 6) A thermostatically controlled mixing valve shall be provided on each hot water system serving resident areas to insure that the water temperature does not exceed 110 degrees F. (A, B<sub>5</sub>-6)
- d) Hot Water Heaters and Tanks
- 1)
    - A) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas:
 

	Resident Service	Dietary	Laundry
gallons/hour/bed	6 1/2	4	4 1/2
Temperature of.	110	140*	180
    - \*1800 F. water required at dishwasher and pot and pan sink.
    - B) Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment. {6}
  - 2) Water storage tanks shall be fabricated of corrosion resistant metal or lined with noncorrosive material. {6}
- e) Drainage Systems
- Insofar as possible drainage piping shall not be installed above the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems. (B<sub>5</sub>-6)
- f) Nonflammable Gas Systems

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## Section 300.2930(f) (continued)

Nonflammable medical gas systems if installed shall be in accordance with the requirements of National Fire Protection Association Standards 56A and 56F. (B<sub>7</sub>-6)

- g) Clinical Vacuum (Suction) Systems  
Clinical vacuum systems if installed shall be in accordance with the requirements of the Compressed Gas Association Pamphlet P-2.1. (B<sub>7</sub>-6)

## h) Fire Extinguishing Systems

- 1) A complete automatic sprinkler system shall be installed throughout all facilities regardless of construction type. (A, B<sub>7</sub>-6)
- 2) All sprinkler and other fire extinguishing systems shall be designed and installed in accordance with National Fire Protection Association Standard 101 and referenced codes. (A, B<sub>7</sub>-6)
- 3) All sprinkler systems shall be maintained in accordance with National Fire Protection Association Standard 13A. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.2940 Electrical Systems  
EMERGENCY

## a) General

- 1) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities required by these standards. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other similarly established standards. (B<sub>7</sub>-6)
- 2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified and be in accordance with these standards. (A, B<sub>7</sub>-6)

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## Section 300.2940(a) (continued)

- 3) The installation shall meet all the requirements of the latest "National Electrical Code". (A, B<sub>7</sub>-6)

- b) Switchboards and Power Panels  
Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions. (6)

- c) Panelboards  
Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits. (6)

## d) Lighting

- 1) All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings, and parking lots shall have lighting. (6)
- 2) Resident's rooms shall have general lighting. A reading light shall be provided for each resident. At least one light fixture shall be switched at the entrance to each resident room. All switches for control of lighting in resident's sleeping areas shall be of the quiet operating type. (6)

## e) Receptacles (Convenience Outlets)

- 1) Each resident bed room shall have duplex grounding type receptacles as follows: One located each side of the head of each bed; one for television if used; and one on another wall. Receptacles are to be located between twelve (12) to thirty (30) inches above the finished floor. (B<sub>7</sub>-6)
- 2) Resident bathrooms shall have at least one duplex receptacle.
- 3) See Article 517 of National Fire Protection Association Standard 70 for grounding requirements. (6)



## Section 300.2940(e) (continued)

- 4) Duplex receptacles shall be installed approximately fifty feet (50'-0") apart in all corridors and within twenty-five feet (25'-0") of ends of corridors. (6)

## f) Door Alarm System

Each exterior door shall be equipped with a signal that will alert staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four hour a day supervision of the door, a signal is not required. (B<sub>7</sub>-6)

## g) Nurses' Calling System

- 1) Each resident room shall be served by at least one calling station and each bed shall be provided with a call station. One call station may serve two adjacent beds. Call shall register at the nurses' station and shall activate a visible signal in the corridor at the resident's door, and in the nurse's station. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, identifying lights shall be provided at the nurse's station. (B<sub>7</sub>-6)

- 2) A nurses' call station shall be provided for residents' use at each resident's toilet, bath, and shower location. The cord shall be long enough to reach within six inches (6") of the floor. (B<sub>7</sub>-6)

## h) Fire Alarm System

- 1) A manually and automatically operated fire alarm system shall be installed. (A, B<sub>7</sub>-6)
- 2) Automatic smoke detectors shall be installed in all resident sleeping rooms and at thirty (30) feet on center in all corridors other than sleeping area corridors. (A, B<sub>7</sub>-6)

## i) Emergency Electrical System

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The emergency system shall consist of the life safety branch and the critical branch. (B<sub>7</sub>-6)

## Section 300.2940(i) (continued)

- 2) The source of this emergency electrical service shall be an emergency generating set or an approved dual source of normal power. (B<sub>7</sub>-6)
- 3) Life Safety Branch, Automatic Transfer ten (10) Seconds.
  - A) Illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors, and all ways of approach to and through exits. (A, B<sub>7</sub>-6)
  - B) Exit signs and exit directional signs. (A, B<sub>7</sub>-6)
  - C) Sufficient lighting in dining room and recreation areas to provide illumination to exit ways. (A, B<sub>7</sub>-6)
  - D) Fire alarms activated at manual stations, by electric water flow alarm devices in connection with sprinkler systems, and by all automatic detection systems. (A, B<sub>7</sub>-6)
  - E) Communication systems, where these are used for issuing instructions during emergency conditions. (A, B<sub>7</sub>-6)
  - F) Task illumination, and selected receptacles at the generator set location. (B<sub>7</sub>-6)
- 4) Critical Branch, Automatic Transfer ten (10) Seconds
  - A) Task illumination and selected receptacles in the nurse's station including the medication preparation area. (B<sub>7</sub>-6)
  - B) Sump pumps and other equipment required to operate for the safety of major apparatus including associated control systems and alarms. (B<sub>7</sub>-6)
  - C) Elevator cab lighting and communication systems. (B<sub>7</sub>-6)
  - D) Nurses' call system (B<sub>7</sub>-6)
- 5) Critical Branch, Automatic or Manual Systems Heating equipment to provide heating for patient rooms. EXCEPTION: Where the facility is served by two (2) or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault

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## Section 300.2940(i)(5) (continued)

between the facility and the generating sources is not likely to cause an interruption of more than one of the facility service feeders. (B<sub>7</sub>-6)

## 6) Details

- A) The life safety and critical branch shall be in operation within ten (10) seconds after the interruption of normal electric power supply. (B<sub>7</sub>-6)
- B) Receptacles connected to emergency power shall be distinctively marked. (B<sub>7</sub>-6)
- C) The emergency generator shall not be solely dependent upon a public utility gas system for the fuel supply. Means shall be provided for automatically transferring from one fuel supply to another where dual fuel supplies are used. (B<sub>7</sub>-6)
- D) Where fuel storage facilities are provided on the site, the fuel tank shall have minimum capacity for twenty-four (24) hour operation of the generator. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3010 Applicability  
EMERGENCY

- a) These standards shall apply to all existing Long-Term Care Facilities and all minor alterations or remodeling changes to existing facilities. See Subpart N for New Construction and Major Additions and Alterations.
- b) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operations, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board Requirements must be met for all alteration and remodeling projects. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3020 Codes and Standards

## EMERGENCY

- a) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions. (B<sub>7</sub>-6)
- b) The 1981 Edition of the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code for existing structures and all appropriate references under Appendix "B" of that Code, but no subsequently amended edition of the Code, shall apply to and become a part of these standards. (A, B<sub>7</sub>-6) Pursuant to the Medicare/Medicaid certification requirements of 42 CFR 405.1134(a) (1983) and 42 CFR 442.321(c) (1983), but no subsequently amended editions of these Federal regulations, any skilled nursing facility that on December 4, 1980 or on November 26, 1982, or any intermediate care facility that on November 26, 1982 complied with the requirements of the 1967 or 1973 edition of the Life Safety Code, rather than the 1981 edition of the Life Safety Code, will be accepted by the Department for licensure and certification as long as the facility continues to remain in compliance with the 1967 or 1973 edition of the Code.

- c) The following exceptions to the 1967 Life Safety Code have been established by the Department:

- 1) Facilities shall be of the following heights and construction types with sprinkler requirements identified in the Table C: (B<sub>7</sub>-6)
- 2) Dead-end corridors greater than fifty (50) feet in length shall be altered so that exits are accessible in at least two (2) directions from all points in aisles, passageways, and corridors. (B<sub>7</sub>-6)
- 3) Exit discharge doors and resident sleeping doors must be at least 34 inches in width. Width required is the width of the door leaf. (6)
- 4) All corridors shall be at least four (4) feet wide. In Skilled Nursing Facilities, corridors shall be at least six (6) feet wide. (6)

- d) The following equivalencies have been established by the Department:

- 1) Where corridor partition walls are not continuous from the floor slab to the underside of the floor or roof slab above, through any concealed spaces such as those above the suspended ceilings

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## Section 300.3020(d)(1) (continued)

and through interstitial structural and mechanical spaces, the following equivalencies are permitted: (B<sub>7</sub>-6)

- A) A membrane ceiling which may be lath and plaster or drywall or a lay-in ceiling with all tiles clipped down and with all clips remaining in place, or with all the tiles weighing at least one (1) pound per square foot. The ceiling may be suspended but it must be constructed continually from exterior wall to exterior wall and must be part of a 1-hour rated assembly. All recessed lights, all duct outlets and all speaker outlets, etc. must be properly protected in accordance with Code. Plenums are not allowed unless each outlet is properly protected. This concept is applicable only to 2-hour fire resistive and 1-hour protected noncombustible construction.
- B) A membrane ceiling of at least a one (1) hour rating (such as two layers of 5/8" Fire Code drywall) is acceptable for noncombustible, one (1) hour protected ordinary, ordinary, one (1) hour protected wood frame, wood frame and heavy timber construction.
- C) Corridor walls need not run up in 2-hour fire resistive and 1-hour protected noncombustible construction if automatic sprinklers are installed throughout.
- D) Smoke detectors may be used in lieu of continuous corridor wall construction all building construction types which are equipped throughout with an automatic extinguishment system required by these Standards. Automatic heat detectors, in lieu of automatic smoke detectors, may be installed in kitchens, laundry rooms, boiler/furnace rooms and attic spaces.
- 2) This equivalency is applicable only to those facilities which are in conformance with these requirements on the date of promulgation of these standards and only if the facility remains in conformance. The equivalency is applicable to facilities with nonconforming construction type. The following requirements must be met for facilities four stories or more in height of protected ordinary construction. (C<sub>7</sub>)
- A) The fire resistance rating of all structural members must meet the two-hour fire resistive classification of NFPA 220, Standard Types of Building Construction, dated May,

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## Section 300.3020(d)(2)(A) (continued)

1961, except that floor and roof framing members and nonbearing walls may be of combustible construction.

- B) Smoke detectors must be installed in all resident rooms, corridors, living areas, day rooms and in all hazardous and severely hazardous areas throughout the facility. However, automatic heat detectors may be installed, in lieu of automatic smoke detectors, in kitchens, laundry rooms, boiler/furnace rooms and attic spaces, (places where smoke, dust and/or humidity sometimes activate smoke alarms when no fire is present, resulting in false fire alarms), if the facility chooses to do so for the purpose of reducing the number of false fire alarms. A zone readout identifying areas involved in a fire must be provided.
- C) All electrical systems shall meet the National Electrical Code in effect at the time of acceptance of the facility.
- D) Facility shall establish and enforce written procedures to prohibit smoking in resident sleeping rooms and corridors. Smoking is permitted only in controlled areas.
- E) A complete automatic extinguishment system shall be installed throughout the facility.
- F) All health survey deficiencies must be corrected.
- G) The physically handicapped residents shall be housed on the lowest sleeping room floor and ambulant residents may be housed on any floor.
- H) Complete smoke barriers including one-hour rated walls and 1 3/4 inch thick solid core wood corridor doors with closers shall be installed as directed by the Department.
- e) The following codes which were effective at the date of approval by the Department of the final drawings and specifications or the final inspection of the building apply: (B<sub>7</sub>-6)
- 1) Illinois Plumbing Code  
Department of Public Health  
State of Illinois  
Environmental Health Protection



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## Section 300.3020(e) (continued)

- 2) Accessibility Standards Illustrated  
State of Illinois  
Capital Development Board
- 3) Fire Prevention and Safety  
State of Illinois  
Office of the State Fire Marshal
- 4) Food Service Sanitation  
State of Illinois  
Department of Public Health  
Environmental Health Protection
- 5) Boiler and Pressure Vessel Safety Rules and Regulations  
State of Illinois  
Office of State Fire Marshal
- 6) State of Illinois, Safety Glazing Materials Act  
State of Illinois  
Department of Labor
- 7) These IDPH Standards govern in cases of differences between these IDPH Standards and the Codes and Standards listed before.  
(B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.3030 Preparation of Drawings and Specifications  
EMERGENCY

Drawings and specifications prepared for work which is required by these Standards shall be prepared in accordance with Section 300.2830 of the Construction Standards for New Facilities. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.3040 Site  
EMERGENCY

- a) Each facility shall comply with all applicable zoning ordinances and be located on a reasonably flat or rolling, well-drained site that

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## Section 300.3040(a) (continued)

- is: not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in a deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding. (6)
- b) Each facility shall be located in or near a community which can provide the necessary supportive services for the facility such as physicians' services, medical facilities, public utilities, or other acceptable substitutes; and be located on a well-maintained, all-weather road. (6)
- c) Each facility shall be served by a potable water supply with water pressure and volume that is acceptable to this Department. (B)
- d) Each facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.3050 Administration and Public Areas  
EMERGENCY

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas. (6)
- b) Each facility shall be provided with sufficient administrative office space for clerical, financial, and managerial functions and provide satisfactory space which can be used for privacy in interviewing applicants, for discussion with relatives, etc.
- c) Each facility shall be provided with satisfactory space or an office for the administrator.
- d) Each facility shall be served by reliable telephone service.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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## Section 300.3060 Nursing Unit

## Section 300.3060(b)(1) (continued)

## EMERGENCY

## a) General Requirements for Bedrooms

1) Resident bedrooms shall have an entrance directly off of a corridor with an entrance door that swings into the room. Rooms used as bedrooms and included in the licensed capacity as of December 24, 1987, which do not open directly into corridors but instead open into large living/dining/activity areas, are exempt from this rule. However, no additional such rooms will be permitted to be established after December 24, 1987. (6)

2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.3140(c). (6)

3) Resident toilet rooms shall open directly into a corridor or into a resident's bedroom. (B<sub>7</sub>-6)

4) A closet or wardrobe at least four (4) square feet shall be provided for each resident. (6)

5) No bedroom floor shall be more than three (3) feet below the adjacent ground level. (6)

6) Each room used as a resident bedroom shall have at least one (1) outside window, and a total window area to the outside equal to at least one-tenth (1/10) the floor area of the room. (6)

7) Nurses' call system shall be provided in accordance with Section 300.3140(e). (B<sub>7</sub>-6)

8) Visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to entry, lavatory, or toilet. (6)

## b) Resident Bedroom.

1) Single resident bedrooms shall contain at least one hundred (100) square feet. Multiple resident bedrooms shall contain at least eighty (80) square feet per bed. Multiple bedrooms of not less than seventy (70) square feet per bed may be approved by the Department if services can be provided. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways. Those facilities which had waivers to this rule as of December

24, 1987, and which have at least 90 square feet for single bedrooms and 70 square feet for multi-bedrooms are exempt from this rule. Those facilities which had waivers as of December 24, 1987, but have less than 90 square feet for single bedrooms and 70 square feet for multi-bedrooms must continue to apply for a waiver on an annual basis (See Section 300.320). (6)

2) Maximum room capacity shall be four (4) residents. Beds shall be at least three (3) feet apart, and no more than three (3) beds deep from an outside wall. There shall be a minimum of ten (10) feet between walls or a wall and any built in furniture or storage space. (6)

## c) Special Care Room

1) In Intermediate Care Facilities, provide a special care room for each one hundred fifty (150) beds. In Skilled Nursing Facilities, provide a special care room for each fifty (50) beds or portion thereof. (6)

2) Provide this room with a water closet, lavatory and all other necessary facilities to meet the resident's needs and as required to care for an ill resident. (6)

3) This room shall be located to provide proper and efficient supervision of the resident by the nursing staff. (6)

4) This room shall be included in the authorized maximum bed capacity for the facility.

5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. (6)

## d) Nurses' Station

1) Provide a minimum of one (1) nurses' station on each floor (in skilled nursing facilities there shall be a station for each nursing unit). The station shall have direct access to a corridor, shall be located near the area it will serve, and shall be designed to provide visual control of the area. It shall be separated satisfactorily from the nurses' utility rooms. In Intermediate Care Facilities one (1) nurses' station

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## Section 300.3060(d)(1) (continued)

serving two (2) floors housing residents is acceptable if there are less than fifteen (15) beds on an adjacent station. (B, C)

- 2) At least one (1) nurses' station shall have a medicine sink with hot and cold running water, a work counter, a medicine cabinet, and necessary equipment and furnishings (in skilled nursing facilities each nurses' stations shall be so equipped). (6)

- 3) Provide a nurses' toilet and handwashing sink convenient to the nurses' station. (6)

## e) Bath and Toilet Rooms

- 1) The maximum capacity of resident beds on each floor shall be used to determine the number of fixtures required even though some of the beds may not be occupied. (6)

- A) Provide a minimum of one (1) water closet, one (1) lavatory, and one (1) bathtub or shower for each sex on each floor occupied by residents. (6)

- B) Provide a minimum of one (1) lavatory and one (1) water closet for each ten (10) resident beds on each floor. (6)

- C) Provide a minimum of one (1) bathtub or shower for each fifteen (15) resident beds on each floor. (6)

- D) Each lavatory shall be provided with a well-illuminated mirror. (6)

- 2) All bath and toilet rooms shall be easily accessible, and conveniently located. Group bath and toilet facilities shall be partitioned or curtained for privacy. (6)

- 3) All showers, other than those for residents needing assistance in bathing, shall have minimum dimensions of three (3) feet by three (3) feet. (6)

- 4) Shower stalls shall have a low or no curb at the entrance opening. Under certain circumstances this may be waived but in no instance can the curb be higher than three (3) inches. (6)

- 5) If toilet rooms provided adjacent to residents' bedrooms are not

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## Section 300.3060(e)(5) (continued)

large enough to permit use by wheelchair residents, at least one (1) toilet room or enclosure measuring five (5) feet by six (6) feet shall be provided on each floor housing residents (In Skilled Nursing Facilities there shall be one for each sex on each floor). Provide a lavatory usable by wheelchair residents in this room. (6)

- 6) Provide on each floor at least one (1) bathing facility or enclosure of not less than eight (8) feet six (6) inches by eight (8) feet six (6) inches with an acceptable system for assistance in bathing persons with physical disabilities. If a shower is installed instead of a bathtub, such shower shall have a minimum dimension of four (4) feet wide by three (3) feet six (6) inches deep. These showers shall have a water inlet to which is connected a flexible hose with spray or shower head attached to the end of the hose. If desired, a conventional shower head installation may also be provided but it must be valved off from the lower water inlet. (6)

## f) Utility Rooms

- 1) Every facility shall have clean and soiled utility functions in separate rooms. There shall be at least one (1) each of these rooms in the facility (In Skilled Nursing Facilities there shall be at least one (1) each of these rooms on each floor having resident bedrooms). (6)

## 2) Clean Utility Room

- A) The clean utility room shall be large enough to contain:

- i) a work counter or table;
  - ii) a sink with drainboard;
  - iii) ample storage cabinets for clean and sterile supplies and equipment; and
  - iv) an autoclave, if required, for sterilizing needles, syringes, catheters, dressings, and similar items.
- B) The autoclave may be located in the nurses' station area. The autoclave may be waived in lieu of other methods of sterilization approved by the Department. (6)



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## Section 300.3060(f) (continued)

## Section 300.3070 (continued)

## 3) Soiled Utility Room

## A) The soiled utility room shall be large enough to contain:

- i) a two compartment sink with drainboards;
- ii) ample storage cabinets;
- iii) a clinical rim flush sink for: rinsing bed pans, urinals, and linen soiled by solid materials, and similar type procedures; and
- iv) equipment and/or facilities for sanitizing bed pans, emesis basins, urine bottles, and other utensils, which meet accepted methods and procedures for such sanitation.

## B) Based upon approval of the program narrative, the Department will consider a waiver of this paragraph for Intermediate Care Facilities. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3070 Living, Dining, Activities Rooms

## Section 300.3090 Service Departments

## EMERGENCY

## EMERGENCY

## a) Provide at least one (1) comfortably furnished living room and dining room for use of residents. (6)

## a) Kitchen

1) The room(s) shall be an outside room and if combined shall have an area of not less than twenty (20) square feet per resident bed. (6)

1) Provide a kitchen area, not including food storage area, of approximately ten (10) square feet per resident bed; this may be reduced for a facility with forty (40) or more beds. Any deviation from this requirement must receive approval from the Department. Such approval will only be granted if it can be shown that sufficient space can be provided to meet the needs of the residents. (B5-6)

2) The dining room shall be sufficient in area to allow proper and comfortable service for the residents. (6)

3) Be located so that the room is not an entrance vestibule from the out-of-doors. (6)

2) Provide kitchen equipment in an arrangement for convenient operation, good sanitation, healthful working conditions and control of heat, noise, and odors. (B5-6)

4) The furniture shall be arranged so that it is not an obstruction to traffic in or out of the facility. (6)

3) Provide appropriate equipment for the preparation and serving of meals. (B5-6)

b) The activity room may be combined with the living and/or dining room.

c) In multiple story buildings, living rooms must be provided on each floor unless a variance to this requirement is approved in writing by the Department. Such a variance may be granted based upon the population and condition of the residents.

d) Additional interior rooms may be used for television, craft, or similar activities.

e) Under no circumstances shall any of these rooms be used as a bedroom. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3080 Treatment and Personal Care

## EMERGENCY

Space and appropriate equipment shall be provided to meet the resident's needs for treatment, grooming and hair care. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

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Section 300.3090(a) (continued)

- 4) Provide refrigeration of perishable foods. (B<sub>7</sub>-6)
- 5) The kitchen shall be equipped with a two (2) compartment sink for washing and sanitizing dishes, pots, pans and utensils. A commercial type dishwasher is recommended. (B<sub>7</sub>-6)
- 6) The kitchen shall be provided with a handwashing lavatory. (B<sub>7</sub>-6)
- 7) The walls and ceilings of all food handling rooms shall be finished with smooth, washable, light-colored surfaces. (6)
- 8) All openings to the outside shall be effectively screened during fly seasons, and screen doors shall be equipped with self-closing devices; or a satisfactory alternative method. (6)
- 9) The kitchen shall be located so that no resident must pass through it to reach a bathroom, resident's bedroom, the living room, dining room, or the out-of-doors. (B<sub>7</sub>-6)
- 10) Provide approximately two and one-half (2-1/2) square feet per patient bed for bulk and daily food storage located in a room convenient to the kitchen. (6)

b) Laundry

- 1) Provide a laundry room equipped with adequate facilities for satisfactorily doing all laundering, unless a commercial laundry service is used. (6)
- 2) Provide satisfactory and separate areas for soiled holding and sorting and clean linen storage. These may be in the same room if well defined and adequate separation is provided. (6)
- 3) The laundry facilities shall not be located in a room used by residents, or for food storage, preparation or serving. It shall be located so that soiled linens are not carried through a food handling area to reach it. (B<sub>7</sub>-6)

c) Storage

- 1) Provide a total area of approximately seven and one-half (7-1/2) square feet per resident bed for the storage area required in this section. (6)

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Section 300.3090(c) (continued)

- 2) Provide adequate storage space for personal possessions of residents and staff, linens, supplies, and other items. This storage shall be such that it does not constitute a fire or accident hazard and will not be in the way of residents or staff. (6)
- 3) Provide adequate storage space in the facility, out of the way of residents and staff, to store wheelchairs, walkers, and similar equipment temporarily not being used. (6)
- 4) Provide closets for cleaning supplies, janitor's sinks, linen closets, storerooms for luggage, furniture replacements, etc. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18473 effective October 24, 1988, for a maximum of 150 days)

Section 300.3100 Building General  
EMERGENCY

a) Elevators

- 1) Provide a minimum of one (1) elevator in all buildings of three (3) or more stories in height. Additional elevators shall be provided as determined by the Department, based on the number, population, and condition of the residents. The basement, if it is used by residents, shall be considered as one (1) story. (6)
  - 2) If sixty (60) to two hundred (200) beds are located above the second floor, at least one (1) additional elevator shall be provided. If over two hundred (200) beds are located above the second floor, the number of additional elevators shall be determined by the Department. (6)
  - 3) The administrator of the facility must be able to demonstrate to the Department the ability to transfer a patient according to physician's orders using existing elevators and elevator doors. (6)
- b) Handrails and Grab Bars
- 1) Handrails shall be provided on both sides of all corridors, stairs, and ramps. Handrails shall be one (1) and one-half

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## Section 300.3100(b)(1) (continued)

(1/2) inches in diameter and one (1) and one-half (1/2) inches minimum clear of the wall. The height shall be thirty (30) to thirty-four (34) inches measured vertically from floor surface. Refer to State of Illinois Accessibility Standards for other acceptable handrail dimensions and details. (B<sub>5</sub>-6)

- 2) Grab bars shall be provided at all resident toilets, showers, tubs, sitz bath, etc. Refer to State of Illinois Accessibility Standards for grab bar dimensions and details. (B<sub>5</sub>-6)

## c) Ceiling Heights

- 1) All rooms occupied by or used by residents shall have not less than eight (8) feet ceiling height. (6)
- 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have not be less than seven feet eight inches (7'-8") ceiling height. (6)
- 3) Suspended tracks, rails and pipes located in the path of traffic shall not be less than six feet eight inches (6'-8") above the floor. (6)

## d) Doors and Windows

- 1) Main entrance and exit doors shall swing outward and be provided with door closers and panic-hardware. (B<sub>5</sub>-6)
- 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (B<sub>5</sub>-6)
- 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and the keys are carried by the attendants at all times. (B<sub>5</sub>-6)
- 4) Resident toilet rooms shall open directly into a corridor or into a resident's bedroom. (B<sub>5</sub>-6)

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## Section 300.3100(d) (continued)

- 5) The doors for the toilet rooms used by residents shall have a minimum door width of thirty (30) inches. (B<sub>5</sub>-6)
  - 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress from the room. (B<sub>5</sub>-6)
  - 7) Thresholds or parting strips in doorways used by residents shall be flush with the floor. (6)
  - 8) Doors and windows shall fit snugly and be weather tight, and shall open and close easily. (6)
  - 9) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, 16-mesh screens. Screen doors shall be equipped with self-closing devices. (6)
- e) Floors
- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. (B<sub>5</sub>-6)
  - 2) Floors in bathrooms, kitchens, and utility rooms shall be completely covered with water resistant material. (B<sub>5</sub>-6)
- f) Walls and Ceilings
- 1) Walls and ceilings shall have sound construction, covered with plaster or sheet rock or similar material in good repair, and free from cracks or holes to permit proper cleaning. (6)
  - 2) Be constructed and maintained so as to prevent the entrance and harborage of rats, mice, flies, and other vermin. (6)
  - g) Exit corridor walls shall be one (1) hour fire rated construction. Adjoining open spaces shall not be greater than six hundred (600) square feet. Provide direct visual supervision of these open spaces and equip them with an electrically supervised smoke detection system. (B<sub>5</sub>-6)
  - h) There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach



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## Section 300.3100(h) (continued)

one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B<sub>7</sub>-6)

- i) Approved containers with proper covers shall be provided for daily storage of rubbish. (B<sub>7</sub>-6)
- j) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B<sub>7</sub>-6)
- k) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshall if conditions in and around building, including its location, indicate that such additional protection is needed. (B<sub>7</sub>-6)
- l) Facilities shall have no other business in the building which is unrelated to health care that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and must be approved by the Department. Such approval will be granted only when it can be shown that the business will not interfere in any way with the residents. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3110 Structural  
EMERGENCY

- a) Buildings and all parts thereof shall be maintained structurally to support all dead, live and lateral loads. (B<sub>7</sub>-6)
- b) Buildings shall be maintained in good repair. Buildings that show signs of distress shall be repaired immediately. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3120 Mechanical Systems  
EMERGENCY

- a) Mechanical systems shall be maintained to assure proper working order

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## Section 300.3120(a) (continued)

and safe operation. Instructions in the operational use of the systems and equipment must be available at the facility. (B<sub>7</sub>-6)

## b) Thermal and Acoustical Insulation

It is recommended that insulation be provided for the following:

- 1) Boilers, smoke breeching, and stacks.
- 2) Steam supply and condensate return piping.
- 3) Hot water piping above 180°F and all hot water heaters, generators, and converters.
- 4) Hot water piping above 125°F which is exposed to contact by residents.
- 5) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.
- 6) Water supply and drainage piping on which condensation may occur.
- 7) Air ducts and casings with outside surface temperature below ambient dew point.
- 8) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system.
- 9) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive systems heat loss or excessive heat gain.
- 10) Insulation on cold surfaces shall include an exterior vapor barrier. (c)
- 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with ASTM Standard E 84. Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building or do not penetrate a wall or roof or do not create an exposure hazard. (c)

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## Section 300.3120 (continued)

- c) Steam and Hot Water Systems. It is recommended that supply and return mains and risers for cooling, heating and process steam systems be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends. (6)
- d) Heating, Cooling, and Ventilating Systems
- 1) The heating system shall be capable of maintaining a temperature of 75° Fahrenheit in all resident use spaces. (6)
  - 2) Auxiliary gas or electric space heaters of an approved closed type may be installed in areas requiring more heat than is produced by the central heating system. Heaters or furnaces of a type to be installed under, in, or on the floor are not premitted. (B<sub>5</sub>-6)
  - 3) All ventilation supply return and exhaust systems shall be mechanically operated. (6)
  - 4) The kitchen shall be provided with ventilation for reasonable comfort and with sufficient make-up air for the rangehood exhaust. (B<sub>5</sub>-6)
  - 5) The laundry shall be provided with ventilation for reasonable comfort with air flowing from clean areas to soiled areas with exhaust to the outdoors. (B<sub>5</sub>-6)
  - 6) It is recommended that outdoor air intakes be located as far as practical but not less than 15 feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems should be located as high as practical but not less than 6 feet above ground level, or if installed above the roof, 3 feet above roof level. (6)
  - 7) Air conditioning and ventilating systems shall be maintained to conform to the requirements of NFPA 90A. (A, B<sub>5</sub>-6)
  - 8) The hood and duct system for cooking equipment shall be in conformance with NFPA 96. That portion of the fire extinguishment system required for protection of the duct system maybe omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other

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## Section 300.3120(d)(8) (continued)

independent testing laboratory. (A, B<sub>5</sub>-6)

- 9) Boiler rooms and other rooms housing combustion equipment shall be provided with sufficient outdoor air to maintain proper combustion rates. (A, B<sub>5</sub>-6)
- 10) A capability shall be provided to maintain a temperature of at least fifty-five (55) degrees Fahrenheit for at least twelve (12) hours when the normal source of electrical power is interrupted. (A, B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18473, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3130 Plumbing Systems

EMERGENCY

- a) 1) All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of water closets, lavatories, bath tubs, showers and other fixtures shall be as required by these Requirements and the facility program. (B<sub>5</sub>-6)
- 2) New and replacement equipment, fixtures and fittings for mechanical, plumbing and electrical systems shall conform to and be installed in accordance with Subpart N of these standards.
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of nonabsorptive acid-resistant materials and shall be kept in good repair. (6)
  - 2) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. (6)
  - 3) The kitchen shall be equipped with a two (2) compartment sink for washing pots and pans. One (1) compartment shall contain no less than fourteen (14) inches depth of 170°F. water. A commercial type dishwasher is recommended. (6)
  - 4) When existing showers or tubs are replaced or additional showers



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## Section 300.3130(b)(4) (continued)

or tubs provided, the shower bases and tub bottoms shall be provided with nonslip surfaces.

## c) Water Supply Systems

- 1) Water supply systems shall be designed to supply potable water at sufficient pressure and volume to operate all plumbing fixtures and equipment during maximum demand periods. (6)
- 2) It is recommended that each water service main, branch main, riser and branch to a group of fixtures be valved. Stop valves should be provided at each fixture.
- 3) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B<sub>7</sub>-6)
- 4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>7</sub>-6)
- 5) Protective measures, such as but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>7</sub>-6)

d) Hot Water Heaters and Tanks. Water storage tanks shall be fabricated of corrosion resistant metal or lined with noncorrosive material. (6)

e) Drainage Systems. Special precautions shall be taken to protect food preparation, serving or storage areas from possible leakage or condensation from necessary overhead piping systems. (B<sub>7</sub>-6)

f) Fire Extinguishment Systems. All fire extinguishment systems shall be designed and installed in accordance with NFPA 101 and NFPA 13. All fire extinguishment systems shall be maintained in accordance with NFPA 13A. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 1847a effective October 24, 1988, for a maximum of 150 days)

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Section 300.3140 Electrical Requirements  
EMERGENCY

- a) The electrical installation for existing facilities shall continue to meet all the requirements of the National Electrical Code, effective at the time of approval by the Department of final drawings and specification or the inspection of the building. (A, B<sub>7</sub>-6)
- b) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. Overload protective devices shall be suitable for operating properly in ambient temperature conditions. (6)
- c) Lighting.
  - 1) All spaces occupied by people, machinery, or equipment within buildings, approaches to buildings, and parking lots shall have lighting. (6)
  - 2) Resident's rooms shall have general lighting. A reading light shall be provided for each resident. (6)
- d) Receptacles Convenience Outlets. Each resident room shall have adequate duplex type receptacles. (6)
- e) Nurses' Calling System.
  - 1) In resident areas, each room shall be served by at least one calling station and each bed shall be provided with a call station. One call station may serve two adjacent beds. Call shall register at a central station serving the floor. In intermediate facilities only, an intercommunication system which provides only voice communication between a resident room and the nurses' station will be approved by the Department. (B<sub>7</sub>-6)
  - 2) A nurses' call emergency station shall be provided for residents' use at each resident's toilet, bath, and shower location. The cord shall be long enough to reach within 6" of the floor. See Section 300.3140 (e)(1) for exception of intermediate facilities only. (B<sub>7</sub>-6)
- f) Door Alarm System. See Section 300.3100(d)(2). (B<sub>7</sub>-6)
- g) Fire Alarm System



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## Section 300.3140(g) (continued)

- 1) A manually-operated, electrically-supervised fire alarm system shall be installed. Pre-signal systems are not permitted. (A, B<sub>5</sub>-6)
- 2) There shall be an approved fire detection and alarm system throughout the facility. (A, B<sub>5</sub>-6)
- 3) The fire alarm signals shall automatically transmit the alarm to any available municipal fire department by direct private line or through an approved central station. (A, B<sub>5</sub>-6)
- 4) Fire alarms shall be activated by manual stations and all detection systems and flow alarm devices and sprinkler systems. (A, B<sub>5</sub>-6)

h) Emergency Electrical Requirements (B<sub>5</sub>-6)

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. (B<sub>5</sub>-6)

- 2) The source of this emergency electrical service shall be one of the following: (B<sub>5</sub>-6)

- A) An emergency generating set when the normal service is supplied by only one central station transmission line.
- B) Automatic battery operated systems or equipment that will be effective four (4) or more hours and will be capable of supplying power for lighting for exit signs, exit corridors, stairways, nurses' stations, communication system, and all alarm systems, including the nurses' call system.
- C) An approved dual source of normal power. Such a dual source of normal power shall consist of two (2) or more electrical services fed from separate generator sets or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of more than one of the facility service feeders. An automatic transfer switch is required between the facility service feeders.

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## Section 300.3140(h) (continued)

- 3) Provide emergency electrical service for: (B<sub>5</sub>-6)
  - A) illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors and all ways of approach to and through exits including outside lights,
  - B) exit signs and exit directional signs,
  - C) fire alarm systems and detection systems,
  - D) communication systems which are used for issuing instructions,
  - E) task illumination in the nurses station.
  - F) nurse call system.

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3210 General  
EMERGENCY

- a) NO RESIDENT SHALL BE DEPRIVED OF ANY RIGHTS, BENEFITS, OR PRIVILEGES GUARANTEED BY LAW BASED ON THEIR STATUS AS A RESIDENT OF A FACILITY. (A, B<sub>5</sub>-6)
- b) A RESIDENT SHALL BE PERMITTED TO RETAIN AND USE OR WEAR HIS PERSONAL PROPERTY IN HIS IMMEDIATE LIVING QUARTERS, UNLESS DEEMED MEDICALLY INAPPROPRIATE BY A PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD. {6}
- c) IF CLOTHING IS PROVIDED TO THE RESIDENT BY THE FACILITY IT SHALL BE OF A PROPER FIT. {6}
- d) THE FACILITY SHALL PROVIDE ADEQUATE AND CONVENIENT STORAGE SPACE FOR THE PERSONAL PROPERTY OF THE RESIDENT. {6}
- e) THE FACILITY SHALL PROVIDE A MEANS OF SAFEGUARDING SMALL ITEMS OF VALUE FOR ITS RESIDENTS IN THEIR ROOMS OR IN ANY OTHER PART OF THE FACILITY SO LONG AS THE RESIDENTS HAVE DAILY ACCESS TO SUCH VALUABLES. {6}

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## Section 300.3210 (continued)

- f) THE FACILITY SHALL DEVELOP PROCEDURES FOR INVESTIGATING COMPLAINTS CONCERNING THEFT OR RESIDENT'S PROPERTY AND SHALL PROMPTLY INVESTIGATE ALL SUCH COMPLAINTS. (6)
- g) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT MARRIED RESIDENTS RESIDING IN THE SAME FACILITY BE ALLOWED TO RESIDE IN THE SAME ROOM WITHIN THE FACILITY UNLESS THERE IS NO ROOM AVAILABLE IN THE FACILITY OR IT IS DEEMED MEDICALLY INADVISABLE BY THE RESIDENT'S ATTENDING PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S MEDICAL RECORDS. (6)
- h) There shall be no traffic through a resident's room to reach any other area of the building. (B5-6)
- i) Children under sixteen (16) years of age who are related to employees or owners of a facility, and who are not themselves employees of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity. (6)
- j) A RESIDENT MAY REFUSE TO PERFORM LABOR FOR A FACILITY. (6)
- k) A RESIDENT SHALL BE PERMITTED THE FREE EXERCISE OF RELIGION. UPON A RESIDENT'S REQUEST, AND IF NECESSARY AT HIS EXPENSE, THE FACILITY ADMINISTRATOR SHALL MAKE ARRANGEMENTS FOR A RESIDENT'S ATTENDANCE AT RELIGIOUS SERVICES OF THE RESIDENT'S CHOICE. HOWEVER, NO RELIGIOUS BELIEFS OR PRACTICES, OR ATTENDANCE AT RELIGIOUS SERVICES, MAY BE IMPOSED UPON ANY RESIDENT. (6)
- l) All facilities shall comply with the "Illinois Election Code" as it pertains to absentee voting for residents of licensed long-term care facilities. (6)
- m) THE FACILITY SHALL IMMEDIATELY NOTIFY THE RESIDENT'S NEXT OF KIN, REPRESENTATIVE AND PHYSICIAN OF THE RESIDENT'S DEATH OR WHEN THE RESIDENT'S DEATH APPEARS TO BE IMMINENT. (6)
- n) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise. (B5-6)
- o) WHERE A RESIDENT, A RESIDENT'S REPRESENTATIVE OR A RESIDENT'S NEXT OF

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## Section 300.3210(o) (continued)

KIN BELIEVES THAT AN EMERGENCY EXISTS EACH OF THEM, COLLECTIVELY OR SEPARATELY, MAY FILE A VERIFIED PETITION TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED FOR AN ORDER PLACING THE FACILITY UNDER THE CONTROL OF A RECEIVER. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18473, effective October 24, 1988, for a maximum of 150 days)

Section 300.3220 Medical and Personal Care Program  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO RETAIN THE SERVICES OF HIS OWN PERSONAL PHYSICIAN AT HIS OWN EXPENSE UNDER AN INDIVIDUAL OR GROUP PLAN OF HEALTH INSURANCE, OR UNDER ANY PUBLIC OR PRIVATE ASSISTANCE PROGRAM PROVIDING SUCH COVERAGE. (B5-6)
- b) THE DEPARTMENT SHALL NOT PRESCRIBE THE COURSE OF MEDICAL TREATMENT PROVIDED TO AN INDIVIDUAL RESIDENT BY THE RESIDENT'S PHYSICIAN IN A FACILITY. (6)
- c) EVERY RESIDENT SHALL BE PERMITTED TO OBTAIN FROM HIS OWN PHYSICIAN OR THE PHYSICIAN ATTACHED TO THE FACILITY COMPLETE AND CURRENT INFORMATION CONCERNING HIS MEDICAL DIAGNOSIS, TREATMENT AND PROGNOSIS IN TERMS AND LANGUAGE THE RESIDENT CAN REASONABLY BE EXPECTED TO UNDERSTAND. (6)
- d) EVERY RESIDENT SHALL BE PERMITTED TO PARTICIPATE IN THE PLANNING OF HIS TOTAL CARE AND MEDICAL TREATMENT TO THE EXTENT THAT HIS CONDITION PERMITS. (6)
- e) NO RESIDENT SHALL BE SUBJECTED TO EXPERIMENTAL RESEARCH OR TREATMENT WITHOUT FIRST OBTAINING HIS INFORMED, WRITTEN CONSENT. THE CONDUCT OF ANY EXPERIMENTAL RESEARCH OR TREATMENT SHALL BE AUTHORIZED AND MONITORED BY AN INSTITUTIONAL REVIEW COMMITTEE APPOINTED BY THE ADMINISTRATOR OF THE FACILITY WHERE SUCH RESEARCH AND TREATMENT IS CONDUCTED. (A, B5-6)
- f) EVERY RESIDENT SHALL BE PERMITTED TO REFUSE MEDICAL TREATMENT AND TO KNOW THE CONSEQUENCES OF SUCH ACTION, UNLESS SUCH REFUSAL WOULD BE HARMFUL TO THE HEALTH AND SAFETY OF OTHERS AND SUCH HARM IS DOCUMENTED BY A PHYSICIAN IN THE RESIDENT'S CLINICAL RECORD. (B5-6)



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Section 300.3220 (continued)

- g) 1) EVERY RESIDENT, RESIDENT'S GUARDIAN, OR PARENT IF THE RESIDENT IS A MINOR SHALL BE PERMITTED TO INSPECT AND COPY ALL HIS CLINICAL AND OTHER RECORDS CONCERNING HIS CARE AND MAINTENANCE KEPT BY THE FACILITY OR BY HIS PHYSICIAN (see Section 2-104(c) of the Act). {c}
- 2) EVERY RESIDENT'S REPRESENTATIVE SHALL BE PERMITTED TO INSPECT AND COPY THE RESIDENT'S RECORDS. A "RESIDENT'S REPRESENTATIVE" IS A PERSON, OTHER THAN THE OWNER OR AGENT OR EMPLOYEE OF A FACILITY WHO IS NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED (see Sections 2-202(h) and 1-123 of the Act). {c}
- h) A RESIDENT SHALL BE PERMITTED RESPECT AND PRIVACY IN HIS MEDICAL AND PERSONAL CARE PROGRAM. EVERY RESIDENT'S CASE DISCUSSION, CONSULTATION, EXAMINATION AND TREATMENT SHALL BE CONFIDENTIAL AND SHALL BE CONDUCTED DISCREETLY, AND THOSE PERSONS NOT DIRECTLY INVOLVED IN THE RESIDENT'S CARE MUST HAVE HIS PERMISSION TO BE PRESENT. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3230 Restraints  
EMERGENCY

- a) NEITHER PHYSICAL RESTRAINTS NOR CONFINEMENTS SHALL BE EMPLOYED FOR THE PURPOSE OF PUNISHMENT OR FOR THE CONVENIENCE OF ANY FACILITY PERSONNEL. NO PHYSICAL RESTRAINTS OR CONFINEMENTS SHALL BE EMPLOYED EXCEPT AS ORDERED BY A PHYSICIAN WHO DOCUMENTS THE NEED FOR SUCH RESTRAINTS OR CONFINEMENTS IN THE RESIDENT'S CLINICAL RECORD. (B<sub>7</sub>-6)
- b) Restraints and confinements may be employed only when necessary to prevent a resident from injuring himself or others. The physician's written authorization shall specify the precise time periods and conditions in which any restraints and confinements shall be employed. (B<sub>7</sub>-6)
- c) No chemical, medication or tranquilizer shall be employed by a facility as a restraint or confinement in lieu of or in addition to

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Section 300.3230(c) (continued)

- any physical restraint or confinement. Such chemicals, medications or tranquilizers may only be employed as part of a duly prescribed therapeutic medical treatment program authorized by the resident's physician and documented in the resident's clinical record. (B<sub>7</sub>-6)
- d) No resident shall be subjected to any behavior modification program which utilizes restraints, confinements, or adverse stimuli of any nature unless and until the informed consent of such resident, resident's guardian, or parent of a minor resident has been obtained. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3240 Abuse and Neglect  
EMERGENCY

- a) AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT A RESIDENT. (A, B<sub>7</sub>-6)
- b) A FACILITY EMPLOYEE OR AGENT WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER TO THE FACILITY ADMINISTRATOR. {c}
- c) A FACILITY ADMINISTRATOR WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER BY TELEPHONE AND IN WRITING TO THE RESIDENT'S REPRESENTATIVE, OR IF HE IS NOT AVAILABLE THEN TO THE DEPARTMENT. {c}

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3250 Communication and Visitation  
EMERGENCY

- a) EVERY RESIDENT SHALL BE PERMITTED UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION OF HIS CHOICE BY MAIL, PUBLIC TELEPHONE OR VISITATION. {c}
- b) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT CORRESPONDENCE IS CONVENIENTLY RECEIVED AND MAILED, AND THAT TELEPHONES ARE REASONABLY ACCESSIBLE. {c}



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3250 (continued)

- c) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT RESIDENTS MAY HAVE PRIVATE VISITS AT ANY REASONABLE HOUR UNLESS SUCH VISITS ARE NOT MEDICALLY ADVISABLE FOR THE RESIDENT AS DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD BY THE RESIDENT'S PHYSICIAN. (6)
- d) The facility shall allow daily visiting between 10 A.M. and 8 P.M. These visiting hours shall be posted in plain view of visitors. (6)
- e) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT SPACE FOR VISITS IS AVAILABLE AND THAT FACILITY PERSONNEL KNOCK, EXCEPT IN AN EMERGENCY, BEFORE ENTERING ANY RESIDENT'S ROOM. (6)
- f) UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION BY MAIL, PUBLIC TELEPHONE, AND VISITATION MAY BE REASONABLE RESTRICTED BY A PHYSICIAN ONLY IN ORDER TO PROTECT THE RESIDENT OR OTHERS FROM HARM, HARASSMENT OR INTIMIDATION PROVIDED THAT THE REASON FOR ANY SUCH RESTRICTION IS PLACED IN THE RESIDENT'S CLINICAL RECORD BY THE PHYSICIAN AND THAT NOTICE OF SUCH RESTRICTION SHALL BE GIVEN TO ALL RESIDENTS UPON ADMISSION. (6)
- g) NOTWITHSTANDING REGULATION SUBSECTION (f) ABOVE, ALL LETTERS ADDRESSED BY A RESIDENT TO THE GOVERNOR, MEMBERS OF THE GENERAL ASSEMBLY, ATTORNEY GENERAL, JUDGES, STATE'S ATTORNEYS, OFFICERS OF THE DEPARTMENT, OR LICENSED ATTORNEYS AT LAW SHALL BE FORWARDED AT ONCE TO THE PERSONS TO WHOM THEY ARE ADDRESSED WITHOUT EXAMINATION BY FACILITY PERSONNEL. LETTERS IN REPLY FROM THE OFFICIALS AND ATTORNEYS MENTIONED ABOVE SHALL BE DELIVERED TO THE RECIPIENT WITHOUT EXAMINATION BY FACILITY PERSONNEL. (6)
- h) ANY EMPLOYEE OR AGENT OF A PUBLIC AGENCY, ANY REPRESENTATIVE OF A COMMUNITY LEGAL SERVICES PROGRAM OR ANY MEMBER OF A COMMUNITY ORGANIZATION SHALL BE PERMITTED ACCESS AT REASONABLE HOURS TO ANY INDIVIDUAL RESIDENT OR ANY FACILITY, IF THE PURPOSE OF SUCH AGENCY, PROGRAM OR ORGANIZATION INCLUDES RENDERING ASSISTANCE TO RESIDENTS WITHOUT CHARGE, BUT ONLY IF THERE IS NEITHER A COMMERCIAL PURPOSE NOR AFFECT TO SUCH ACCESS AND IF THE PURPOSE IS TO DO ANY OTHER THE FOLLOWING:
- 1) VISIT, TALK WITH AND MAKE PERSONAL, SOCIAL, AND LEGAL SERVICES AVAILABLE TO ALL RESIDENTS; (6)
  - 2) INFORM RESIDENTS OF THEIR RIGHTS AND ENTITLEMENTS AND THEIR CORRESPONDING OBLIGATIONS, UNDER FEDERAL AND STATE LAWS, BY MEANS OF EDUCATIONAL MATERIALS AND DISCUSSIONS IN GROUPS AND

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3250(h)(2) (continued)

- WITH INDIVIDUAL RESIDENTS; (6)
- 3) ASSIST RESIDENTS IN ASSERTING THEIR LEGAL RIGHTS REGARDING CLAIMS FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SOCIAL SECURITY BENEFITS, AS WELL AS IN ALL OTHER MATTERS IN WHICH RESIDENTS ARE AGGRIEVED. ASSISTANCE MAY INCLUDE COUNSELING AND LITIGATION; OR (6)
- 4) ENGAGE IN OTHER METHODS OF ASSERTING, ADVISING AND REPRESENTING RESIDENTS SO AS TO EXTEND TO THEM FULL ENJOYMENT OF THEIR RIGHTS. (6)
- i) NO VISITOR SHALL ENTER THE IMMEDIATE LIVING AREA OF ANY RESIDENT WITHOUT FIRST IDENTIFYING HIMSELF AND THEN RECEIVING PERMISSION FROM THE RESIDENT TO ENTER. THE RIGHTS OF OTHER RESIDENTS PRESENT IN THE ROOM SHALL BE RESPECTED. (B7-6)
- j) A RESIDENT MAY TERMINATE AT ANY TIME A VISIT BY A PERSON HAVING ACCESS TO THE RESIDENT'S LIVING AREA. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

## Section 300.3260 Resident's Funds

## EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO MANAGE HIS OWN FINANCIAL AFFAIRS UNLESS HE OR HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT, AUTHORIZES THE ADMINISTRATOR OF THE FACILITY IN WRITING TO MANAGE SUCH RESIDENT'S FINANCIAL AFFAIRS UNDER SUBSECTIONS (b) THROUGH (n) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-102)
- b) THE FACILITY SHALL AT THE TIME OF ADMISSION, PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN STATEMENT EXPLAINING THE RESIDENT'S RIGHTS REGARDING PERSONAL FUNDS AND LISTING THE SERVICES FOR WHICH THE RESIDENT WILL BE CHARGED, AND OBTAIN A SIGNED ACKNOWLEDGEMENT FROM EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, THAT SUCH PERSON HAS RECEIVED THE STATEMENT. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(1))
- c) THE FACILITY MAY ACCEPT FUNDS FROM A RESIDENT FOR SAFEKEEPING AND

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## Section 300.3260(c) (continued)

MANAGING, IF IT RECEIVES WRITTEN AUTHORIZATION FROM, IN ORDER OF PRIORITY, THE RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY; SUCH AUTHORIZATION SHALL BE ATTESTED TO BY A WITNESS WHO HAS NO PECUNIARY INTEREST IN THE FACILITY OR ITS OPERATIONS, AND WHO IS NOT CONNECTED IN ANY WAY TO FACILITY PERSONNEL OR THE ADMINISTRATOR IN ANY MANNER WHATSOEVER. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(2))

d) THE FACILITY SHALL MAINTAIN AND ALLOW, IN ORDER OF PRIORITY, EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, ACCESS TO A WRITTEN RECORD OF ALL FINANCIAL ARRANGEMENTS AND TRANSACTIONS INVOLVING THE INDIVIDUAL RESIDENT'S FUNDS. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(3))

e) THE FACILITY SHALL PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN ITEMIZED STATEMENT AT LEAST QUARTERLY, OF ALL FINANCIAL TRANSACTIONS INVOLVING THE RESIDENT'S FUNDS. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(4))

f) THE FACILITY SHALL PURCHASE A SURETY BOND TO GUARANTEE THE SECURITY OF RESIDENT'S FUNDS. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(5))

g) THE FACILITY SHALL KEEP ANY FUNDS RECEIVED FROM A RESIDENT FOR SAFEKEEPING IN AN ACCOUNT SEPARATE FROM THE FACILITY'S FUNDS, AND SHALL AT NO TIME WITHDRAW ANY PART OR ALL OF SUCH FUNDS FOR ANY PURPOSE OTHER THAN TO RETURN THE FUNDS TO THE RESIDENT UPON THE REQUEST OF THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH REQUEST, TO PAY THE RESIDENT HIS ALLOWANCE, OR TO MAKE ANY OTHER PAYMENT AUTHORIZED BY THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH AUTHORIZATION. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(6))

h) THE FACILITY SHALL DEPOSIT ANY FUNDS RECEIVED FROM A RESIDENT IN EXCESS OF \$100 IN AN INTEREST BEARING ACCOUNT INSURED BY AGENCIES OF, OR CORPORATIONS CHARTERED BY, THE STATE OR FEDERAL GOVERNMENT. THE ACCOUNT SHALL BE IN A FORM WHICH CLEARLY INDICATES THAT THE FACILITY HAS ONLY A FIDUCIARY INTEREST IN THE FUNDS AND ANY INTEREST FROM THE ACCOUNT SHALL ACCRUE TO THE RESIDENT. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

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## Section 300.3260 (continued)

i) THE FACILITY MAY KEEP UP TO \$100 OF A RESIDENT'S MONEY IN A NON-INTEREST BEARING ACCOUNT OR PETTY CASH FUND, TO BE READILY AVAILABLE FOR THE RESIDENT'S CURRENT EXPENDITURES. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

j) THE FACILITY SHALL RETURN TO THE RESIDENT, OR THE PERSON WHO EXECUTED THE WRITTEN AUTHORIZATION REQUIRED IN SUBSECTION (c) OF THIS SECTION, UPON WRITTEN REQUEST, ALL OR ANY PART OF THE RESIDENT'S FUNDS GIVEN THE FACILITY FOR SAFEKEEPING, INCLUDING THE INTEREST ACCRUED FROM DEPOSITS. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(8))

k) THE FACILITY SHALL PLACE ANY MONTHLY ALLOWANCE TO WHICH A RESIDENT IS ENTITLED IN THAT RESIDENT'S PERSONAL ACCOUNT, OR GIVE IT TO THE RESIDENT, UNLESS THE FACILITY HAS WRITTEN AUTHORIZATION FROM THE RESIDENT OR THE RESIDENT'S GUARDIAN, OR IF THE RESIDENT IS A MINOR, HIS PARENT, TO HANDLE IT DIFFERENTLY. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(9))

l) UNLESS OTHERWISE PROVIDED BY STATE LAW, THE FACILITY SHALL UPON THE DEATH OF A RESIDENT PROVIDE THE EXECUTOR OR ADMINISTRATOR OF THE RESIDENT'S ESTATE WITH A COMPLETE ACCOUNTING OF ALL THE RESIDENT'S PERSONAL PROPERTY, INCLUDING ANY FUNDS OF THE RESIDENT BEING HELD BY THE FACILITY. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(10))

m) IF AN ADULT RESIDENT IS INCAPABLE OF MANAGING HIS FUNDS AND DOES NOT HAVE A RESIDENT'S REPRESENTATIVE GUARDIAN, OR AN IMMEDIATE FAMILY MEMBER THE FACILITY SHALL NOTIFY THE OFFICE OF THE STATE GUARDIAN OF THE GUARDIANSHIP AND ADVOCACY COMMISSION. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(11))

n) IF THE FACILITY IS SOLD, THE SELLER SHALL PROVIDE THE BUYER WITH A WRITTEN VERIFICATION BY A PUBLIC ACCOUNTANT OF ALL RESIDENTS' MONIES AND PROPERTIES BEING TRANSFERRED, AND OBTAIN A SIGNED RECEIPT FROM THE NEW OWNER. ¶(6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(12))

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)



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## Section 300.3270 Residents' Advisory Council

EMERGENCY

Each resident shall have the right to participate in a residents' advisory council as indicated in Section 300.640. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3280 Contract With Facility

EMERGENCY

Each resident shall have the right to contract with the facility as indicated in Section 300.630. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3290 Private Right of Action

EMERGENCY

a) EACH RESIDENT SHALL HAVE THE RIGHT TO MAINTAIN A PRIVATE RIGHT OF ACTION AGAINST A FACILITY AS DESCRIBED IN SUBSECTIONS (b) THROUGH (i) BELOW.

b) THE OWNER AND LICENSEE OF A FACILITY ARE LIABLE TO A RESIDENT FOR ANY INTENTIONAL OR NEGLIGENT ACT OR OMISSION OF THEIR AGENTS OR EMPLOYEES WHICH INJURES THE RESIDENT.

c) THE LICENSEE SHALL PAY 3 TIMES THE ACTUAL DAMAGES, OR \$500, WHICHEVER IS GREATER, AND COSTS AND ATTORNEY'S FEES TO A FACILITY RESIDENT WHOSE RIGHTS AS SPECIFIED IN PART 1 OF ARTICLE II OF THE ACT ARE VIOLATED.

d) A RESIDENT MAY MAINTAIN AN ACTION UNDER THIS ACT AND THIS PART FOR ANY OTHER TYPE OF RELIEF, INCLUDING INJUNCTIVE AND DECLARATORY RELIEF, PERMITTED BY LAW.

e) ANY DAMAGES RECOVERABLE UNDER SUBSECTION (b) THROUGH (i), INCLUDING MINIMUM DAMAGES AS PROVIDED BY THIS PART, MAY BE RECOVERED IN ANY ACTION WHICH A COURT MAY AUTHORIZE TO BE BROUGHT AS A CLASS ACTION PURSUANT TO THE CIVIL PRACTICE ACT. THE REMEDIES PROVIDED IN SUBSECTIONS (b) THROUGH (i) ARE IN ADDITION TO AND CUMULATIVE WITH ANY OTHER LEGAL REMEDIES AVAILABLE TO A RESIDENT. EXHAUSTION OF ANY AVAILABLE ADMINISTRATIVE REMEDIES SHALL NOT BE REQUIRED PRIOR TO

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## Section 300.3290(e) (continued)

## COMMENCEMENT OF A SUIT HEREUNDER.

f) THE AMOUNT OF DAMAGES RECOVERED BY A RESIDENT IN AN ACTION BROUGHT UNDER SUBSECTION (b) THROUGH (i) SHALL BE EXEMPT FOR PURPOSES OF DETERMINING INITIAL OR CONTINUING ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER "THE ILLINOIS PUBLIC AID CODE" (111. Rev. Stat. 1983, ch. 23, par. 1-1 et seq.) AS NOW OR HEREFTER AMENDED, AND SHALL NEITHER BE TAKEN INTO CONSIDERATION NOR REQUIRED TO BE APPLIED TOWARD THE PAYMENT OR PARTIAL PAYMENT OF THE COST OF MEDICAL CARE OR SERVICES AVAILABLE UNDER "THE ILLINOIS PUBLIC AID CODE."

g) ANY WAIVER BY A RESIDENT OR HIS LEGAL REPRESENTATIVE OF THE RIGHT TO COMMENCE AN ACTION UNDER SUBSECTION (b) THROUGH (i), WHETHER ORAL OR IN WRITING, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

h) ANY PARTY TO AN ACTION BROUGHT UNDER SUBSECTION (b) THROUGH (i) SHALL BE ENTITLED TO A TRIAL BY JURY AND ANY WAIVER OF THE RIGHT TO A TRIAL BY JURY, WHETHER ORAL OR IN WRITING, PRIOR TO THE COMMENCEMENT OF AN ACTION, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

i) A LICENSEE OR ITS AGENTS OR EMPLOYEES SHALL NOT TRANSFER, DISCHARGE, EVICT, HARASS, DISMISS, OR RETALIATE AGAINST A RESIDENT. A RESIDENT'S REPRESENTATIVE, OR AN EMPLOYEE OR AGENT WHO MAKES A REPORT OF RESIDENT ABUSE OR NEGLECT, BRINGS OR TESTIFIES IN A PRIVATE RIGHT OF ACTION, OR FILES A COMPLAINT, BECAUSE OF THE SUCH ACTION OR TESTIMONY. (B-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

## Section 300.3300 Transfer and/or Discharge

EMERGENCY

a) A RESIDENT MAY BE VOLUNTARILY DISCHARGED FROM A FACILITY AFTER HE GIVES THE ADMINISTRATOR, A PHYSICIAN, OR A NURSE OF THE FACILITY WRITTEN NOTICE OF HIS DESIRE TO BE DISCHARGED. IF A GUARDIAN HAS BEEN APPOINTED FOR A RESIDENT OR IF THE RESIDENT IS A MINOR, THE RESIDENT SHALL BE DISCHARGED UPON WRITTEN CONSENT OF HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT UNLESS THERE IS A COURT ORDER TO THE CONTRARY. IN SUCH CASES, UPON THE RESIDENT'S DISCHARGE, THE FACILITY IS RELIEVED FROM ANY RESPONSIBILITY FOR THE RESIDENT'S CARE, SAFETY OR WELL-BEING. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4152-111)



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300 (continued)

- b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsection (c) through (y) of this Section.

c) Reasons for Transfer or Discharge

- 1) A FACILITY MAY INVOLUNTARY TRANSFER OR DISCHARGE A RESIDENT ONLY FOR ONE OR MORE OF THE FOLLOWING REASONS: ~~SHALL NOT INVOLUNTARILY TRANSFER OR DISCHARGE A RESIDENT EXCEPT~~

- A) FOR MEDICAL REASONS. ‡  
 B) FOR THE RESIDENT'S PHYSICAL SAFETY. OR  
 C) FOR THE PHYSICAL SAFETY OF OTHER RESIDENTS, THE FACILITY STAFF OR FACILITY VISITORS. ‡-OR

- D) FOR EITHER LATE PAYMENT OR NONPAYMENT FOR THE RESIDENT'S STAY, EXCEPT AS PROHIBITED BY TITLE XVIII AND XIX OF THE FEDERAL SOCIAL SECURITY ACT. FOR PURPOSES OF THIS SECTION, "LATE PAYMENT" MEANS NON-RECEIPT OF PAYMENT AFTER SUBMISSION OF A BILL. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS AFTER SUBMISSION OF A BILL, THE FACILITY MAY SEND A NOTICE TO THE RESIDENT AND RESPONSIBLE PARTY REQUESTING PAYMENT WITHIN 30 DAYS. IF PAYMENT IS NOT RECEIVED WITHIN SUCH 30 DAYS, THE FACILITY MAY THEREUPON INSTITUTE TRANSFER OR DISCHARGE PROCEEDINGS BY SENDING A NOTICE OF TRANSFER OR DISCHARGE TO THE RESIDENT AND RESPONSIBLE PARTY BY REGISTERED OR CERTIFIED MAIL. THE NOTICE SHALL STATE, IN ADDITION TO THE REQUIREMENTS OF SECTION 3-403 OF THE ACT and subsection (e) of this Section, THAT THE RESPONSIBLE PARTY HAS THE RIGHT TO PAY THE AMOUNT OF THE BILL IN FULL UP TO THE DATE THE TRANSFER OR DISCHARGE IS TO BE MADE AND THEN THE RESIDENT SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. SUCH PAYMENT SHALL TERMINATE THE TRANSFER OR DISCHARGE PROCEEDINGS. THIS SUBSECTION DOES NOT APPLY TO THOSE RESIDENTS WHOSE CARE IS PROVIDED UNDER THE ILLINOIS PUBLIC AID CODE. (8-6) (111. Rev. Stat. 1987 1985, ch. 111 1/2, par. 4153-401)

2) Prohibition of Discrimination

- ‡) A) A FACILITY PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM IS PROHIBITED FROM FAILING OR REFUSING TO RETAIN AS A RESIDENT ANY PERSON BECAUSE THE RESIDENT IS A RECIPIENT OF

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300(c)(2)(A) (continued)

OR AN APPLICANT FOR THE MEDICAL ASSISTANCE PROGRAM. FOR THE PURPOSES OF THIS SECTION, A RECIPIENT OR APPLICANT SHALL BE CONSIDERED A RESIDENT IN THE FACILITY DURING ANY HOSPITAL STAY TOTALING TEN DAYS OR LESS FOLLOWING A HOSPITAL ADMISSION. The day on which a resident is discharged from the facility and admitted to the hospital shall be considered the first day of the ten-day period. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(a)).

- 2) B) A FACILITY WHICH VIOLATES SUBSECTION (c)(2)(A) (‡) OF THIS SECTION SHALL BE GUILTY OF A BUSINESS OFFENSE AND FINED NOT LESS THAN \$500 NOR MORE THAN \$1,000 FOR THE FIRST OFFENSE AND NOT LESS THAN \$1,000 NOR MORE THAN \$5,000 FOR EACH SUBSEQUENT OFFENSE. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(b))

- d) INVOLUNTARY TRANSFER OR DISCHARGE OF A RESIDENT FROM A FACILITY SHALL BE PRECEDED BY THE DISCUSSION REQUIRED UNDER SUBSECTION (j) OF THIS SECTION AND BY A MINIMUM WRITTEN NOTICE OF 21 DAYS. THE 21-DAY REQUIREMENT SHALL NOT APPLY IN ANY OF THE FOLLOWING INSTANCES:

- 1) WHEN AN EMERGENCY TRANSFER OR DISCHARGE IS MANDATED BY THE RESIDENT'S HEALTH CARE NEEDS AND IS IN ACCORD WITH THE WRITTEN ORDERS AND MEDICAL JUSTIFICATION OF THE ATTENDING PHYSICIAN; (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(a))  
 2) WHEN THE TRANSFER OR DISCHARGE IS MANDATED BY THE PHYSICAL SAFETY OF OTHER RESIDENTS AS DOCUMENTED IN THE CLINICAL RECORD. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(b))

- e) THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE ON A FORM PRESCRIBED BY THE DEPARTMENT AND SHALL CONTAIN ALL OF THE FOLLOWING:

- 1) THE STATED REASON FOR THE PROPOSED TRANSFER OR DISCHARGE; ‡(c) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(a))  
 2) THE EFFECTIVE DATE OF THE PROPOSED TRANSFER OR DISCHARGE; ‡(c) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(b))  
 3) A STATEMENT IN NOT LESS THAN 12-POINT TYPE, WHICH READS: "YOU HAVE A RIGHT TO APPEAL THE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK YOU SHOULD NOT HAVE TO LEAVE THIS FACILITY, YOU MAY FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT OF PUBLIC HEALTH WITHIN 10 DAYS AFTER RECEIVING THIS

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300(e)(3) (continued)

NOTICE. IF YOU REQUEST A HEARING, IT WILL BE HELD NOT LATER THAN TEN (10) DAYS AFTER YOUR REQUEST, AND YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED DURING THAT TIME. IF THE DECISION FOLLOWING THE HEARING IS NOT IN YOUR FAVOR, YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED PRIOR TO THE EXPIRATION OF 30 DAYS FOLLOWING RECEIPT OF THE ORIGINAL NOTICE OF THE TRANSFER OR DISCHARGE. A FORM TO APPEAL THE FACILITY'S DECISION AND TO REQUEST A HEARING IS ATTACHED. IF YOU HAVE ANY QUESTIONS, CALL THE DEPARTMENT OF PUBLIC HEALTH AT THE TELEPHONE NUMBER LISTED BELOW." {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(c))

4) A HEARING REQUEST FORM, TOGETHER WITH A POSTAGE PAID, PREADDRESSED ENVELOPE TO THE DEPARTMENT; AND {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(d))

5) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON CHARGED WITH THE RESPONSIBILITY OF SUPERVISING THE TRANSFER OR DISCHARGE. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(e))

f) A REQUEST FOR A HEARING MADE UNDER SUBSECTION (e) OF THIS SECTION SHALL STAY A TRANSFER PENDING A HEARING OR APPEAL OF THE DECISION, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-404)

g) A COPY OF THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE PLACED IN THE RESIDENT'S CLINICAL RECORD AND A COPY SHALL BE TRANSMITTED TO THE DEPARTMENT. THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, AND, IF THE RESIDENT'S CARE IS PAID FOR IN WHOLE OR PART THROUGH TITLE XIX, TO THE DEPARTMENT OF PUBLIC AID. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-405)

h) WHEN THE BASIS FOR AN INVOLUNTARY TRANSFER OR DISCHARGE IS THE RESULT OF AN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO A RECIPIENT OF TITLE XIX AND A HEARING REQUEST IS FILED WITH THE DEPARTMENT OF PUBLIC AID, THE 21-DAY WRITTEN NOTICE PERIOD SHALL NOT BEGIN UNTIL A FINAL DECISION IN THE MATTER IS RENDERED BY THE DEPARTMENT OF PUBLIC AID OR A COURT OF COMPETENT JURISDICTION AND NOTICE OF THAT FINAL DECISION IS RECEIVED BY THE RESIDENT AND THE FACILITY. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-406)

i) WHEN NONPAYMENT IS THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE,

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300(i) (continued)

THE RESIDENT SHALL HAVE THE RIGHT TO REDEEM UP TO THE DATE THAT THE DISCHARGE OR TRANSFER IS TO BE MADE AND THEN SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-407)

j) THE PLANNED INVOLUNTARY TRANSFER OR DISCHARGE SHALL BE DISCUSSED WITH THE RESIDENT, THE RESIDENT'S REPRESENTATIVE AND PERSON OR AGENCY RESPONSIBLE FOR THE RESIDENT'S PLACEMENT, MAINTENANCE, AND CARE IN THE FACILITY. THE EXPLANATION AND DISCUSSION OF THE REASONS FOR INVOLUNTARY TRANSFER OR DISCHARGE SHALL INCLUDE THE FACILITY ADMINISTRATOR OR OTHER APPROPRIATE FACILITY REPRESENTATIVE AS THE ADMINISTRATOR'S DESIGNEE. THE CONTENT OF THE DISCUSSION AND EXPLANATION SHALL BE SUMMARIZED IN WRITING AND SHALL INCLUDE THE NAMES OF THE INDIVIDUALS INVOLVED IN THE DISCUSSIONS AND MADE A PART OF THE RESIDENT'S CLINICAL RECORD. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-408)

k) THE FACILITY SHALL OFFER THE RESIDENT COUNSELING SERVICES BEFORE THE TRANSFER OR DISCHARGE OF THE RESIDENT. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-409)

l) A RESIDENT SUBJECT TO INVOLUNTARY TRANSFER OR DISCHARGE FROM A FACILITY, THE RESIDENT'S GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT SHALL HAVE THE OPPORTUNITY TO FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING RECEIPT OF THE WRITTEN NOTICE OF THE INVOLUNTARY TRANSFER OR DISCHARGE BY THE FACILITY. {6} (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-410)

m) THE DEPARTMENT OF PUBLIC HEALTH, WHEN THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE IS OTHER THAN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO THE TITLE XIX MEDICAID RECIPIENT, SHALL HOLD A HEARING AT THE RESIDENT'S FACILITY NOT LATER THAN TEN (10) DAYS AFTER A HEARING REQUEST IS FILED, AND RENDER A DECISION WITHIN 14 DAYS AFTER THE FILING OF THE HEARING REQUEST. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-411)

n) THE HEARING BEFORE THE DEPARTMENT PROVIDED UNDER SUBSECTION (m) OF THIS SECTION SHALL BE CONDUCTED AS PRESCRIBED UNDER SECTIONS 3-703 THRU 3-712 OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703 through 4153-712). IN DETERMINING WHETHER A TRANSFER OR DISCHARGE IS AUTHORIZED, THE BURDEN OF PROOF IN THIS HEARING RESTS ON THE PERSON REQUESTING THE TRANSFER OR DISCHARGE. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-412)

o) IF THE DEPARTMENT DETERMINES THAT A TRANSFER OR DISCHARGE IS



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300(o) (continued)

AUTHORIZED UNDER SUBSECTION (c) OF THIS SECTION, THE RESIDENT SHALL NOT BE REQUIRED TO LEAVE THE FACILITY BEFORE THE 34th DAY FOLLOWING RECEIPT OF THE NOTICE REQUIRED UNDER SUBSECTION (d) OF THIS SECTION, OR THE 10TH DAY FOLLOWING RECEIPT OF THE DEPARTMENT'S DECISION, WHICHEVER IS LATER, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPES IN THE INTERIM. (B-6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-413)

p) THE DEPARTMENT OF PUBLIC AID SHALL CONTINUE TITLE XIX MEDICAID FUNDING DURING THE APPEAL, TRANSFER, OR DISCHARGE PERIOD FOR THOSE RESIDENTS WHO ARE TITLE XIX RECIPIENTS AFFECTED BY SUBSECTION (c) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-414)

q) THE DEPARTMENT MAY TRANSFER OR DISCHARGE ANY RESIDENT FROM ANY FACILITY REQUIRED TO BE LICENSED UNDER THIS ACT WHEN ANY OF THE FOLLOWING CONDITIONS EXIST:

- 1) SUCH FACILITY IS OPERATING WITHOUT A LICENSE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(a))
- 2) THE DEPARTMENT HAS SUSPENDED, REVOKED OR REFUSED TO RENEW THE LICENSE OF THE FACILITY AS PROVIDED UNDER SECTION 3-119 OF THE ACT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(b))
- 3) THE FACILITY HAS REQUESTED THE AID OF THE DEPARTMENT IN THE TRANSFER OR DISCHARGE OF THE RESIDENT AND THE DEPARTMENT FINDS THAT THE RESIDENT CONSENTS TO TRANSFER OR DISCHARGE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(c))
- 4) THE FACILITY IS CLOSING OR INTENDS TO CLOSE AND ADEQUATE ARRANGEMENT FOR RELOCATION OF THE RESIDENT HAS NOT BEEN MADE AT LEAST 30 DAYS PRIOR TO CLOSURE; OR (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(d))
- 5) THE DEPARTMENT DETERMINES THAT AN EMERGENCY EXISTS WHICH REQUIRES IMMEDIATE TRANSFER OR DISCHARGE OF THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(e))
- r) IN DECIDING TO TRANSFER OR DISCHARGE A RESIDENT FROM A FACILITY UNDER SUBSECTION (q) OF THIS SECTION, THE DEPARTMENT SHALL CONSIDER THE LIKELIHOOD OF SERIOUS HARM WHICH MAY RESULT IF THE RESIDENT REMAINS IN THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-416)
- s) THE DEPARTMENT SHALL OFFER TRANSFER OR DISCHARGE AND RELOCATION

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3300(s) (continued)

ASSISTANCE TO RESIDENTS TRANSFERRED OR DISCHARGED UNDER SUBSECTIONS (c) THROUGH (q) OF THIS SECTION INCLUDING INFORMATION ON AVAILABLE ALTERNATIVE PLACEMENTS. RESIDENTS SHALL BE INVOLVED IN PLANNING THE TRANSFER OR DISCHARGE AND SHALL CHOOSE AMONG THE AVAILABLE ALTERNATIVE PLACEMENTS, EXCEPT THAT WHERE AN EMERGENCY MAKES PRIOR RESIDENT INVOLVEMENT IMPOSSIBLE, THE DEPARTMENT MAY MAKE A TEMPORARY PLACEMENT UNTIL A FINAL PLACEMENT CAN BE ARRANGED. RESIDENTS MAY CHOOSE THEIR FINAL ALTERNATIVE PLACEMENT AND SHALL BE GIVEN ASSISTANCE IN TRANSFERRING TO SUCH PLACE. NO RESIDENT MAY BE FORCED TO REMAIN IN A TEMPORARY OR PERMANENT PLACEMENT. WHERE THE DEPARTMENT MAKES OR PARTICIPATES IN MAKING THE RELOCATION DECISION, CONSIDERATION SHALL BE GIVEN TO PROXIMITY TO THE RESIDENT'S RELATIVES AND FRIENDS. THE RESIDENT SHALL BE ALLOWED 3 VISITS TO POTENTIAL ALTERNATIVE PLACEMENTS PRIOR TO REMOVAL, EXCEPT WHERE MEDICALLY CONTRAINDICATED OR WHERE THE NEED FOR IMMEDIATE TRANSFER OR DISCHARGE REQUIRES REDUCTION IN THE NUMBER OF VISITS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-417)

t) THE DEPARTMENT SHALL PREPARE RESIDENT TRANSFER OR DISCHARGE PLANS TO ASSURE SAFE AND ORDERLY REMOVALS AND PROTECT RESIDENTS' HEALTH, SAFETY, WELFARE AND RIGHTS. IN NONEMERGENCIES AND WHERE POSSIBLE IN EMERGENCIES, THE DEPARTMENT SHALL DESIGN AND IMPLEMENT SUCH PLANS IN ADVANCE OF TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-418)

u) THE DEPARTMENT MAY PLACE RELOCATION TEAMS IN ANY FACILITY FROM WHICH RESIDENTS ARE BEING DISCHARGED OR TRANSFERRED FOR ANY REASON, FOR THE PURPOSE OF IMPLEMENTING TRANSFER OR DISCHARGE PLANS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-419)

v) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTIONS (q) THROUGH (t) OF THIS SECTION THE DEPARTMENT SHALL:

- 1) PROVIDE WRITTEN NOTICE TO THE FACILITY PRIOR TO THE TRANSFER OR DISCHARGE. THE NOTICE SHALL STATE THE BASIS FOR THE ORDER OF TRANSFER OR DISCHARGE AND SHALL INFORM THE FACILITY OF ITS RIGHT TO AN INFORMAL CONFERENCE PRIOR TO TRANSFER OR DISCHARGE UNDER THIS SECTION, AND ITS RIGHT TO A SUBSEQUENT HEARING UNDER SUBSECTION (x) OF THIS SECTION. IF A FACILITY DESIRES TO CONTEST A NONEMERGENCY TRANSFER OR DISCHARGE, PRIOR TO TRANSFER OR DISCHARGE IT SHALL, WITHIN FOUR (4) WORKING DAYS AFTER RECEIPT OF THE NOTICE, SEND A WRITTEN REQUEST FOR AN INFORMAL CONFERENCE TO THE DEPARTMENT. THE DEPARTMENT SHALL, WITHIN FOUR (4) WORKING DAYS FROM THE RECEIPT OF THE REQUEST, HOLD AN INFORMAL CONFERENCE IN THE COUNTY IN WHICH THE FACILITY IS



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Section 300.3300(x) (continued)

UNDER THE "COURT OF CLAIMS ACT" (111. Rev. Stat. 1985, ch. 37, pars. 439.1 et seq.) FOR ANY EXCESS EXPENSES DIRECTLY CAUSED BY THE ORDER TO TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL ASSIST THE RESIDENT IN RETURNING TO THE FACILITY IF ASSISTANCE IS REQUESTED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-422)

- y) ANY OWNER OF A FACILITY LICENSED UNDER THIS ACT SHALL GIVE 90 DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN 10% OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENT WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE FACILITY SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER SUBSECTION (u) OF THIS SECTION. (A, B; 6) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-423)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

Section 300.3310 Complaint Procedures  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO PRESENT GRIEVANCES ON BEHALF OF HIMSELF AND OTHERS TO THE ADMINISTRATOR, THE LONG-TERM CARE FACILITY ADVISORY BOARD, THE RESIDENTS' ADVISORY COUNCIL, STATE GOVERNMENTAL AGENCIES OR OTHER PERSONS WITHOUT THREAT OF DISCHARGE OR REPRISAL IN ANY FORM OR MANNER WHATSOEVER. (6)
- b) THE FACILITY ADMINISTRATOR SHALL PROVIDE ALL RESIDENTS OR THEIR REPRESENTATIVES WITH THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE APPROPRIATE STATE GOVERNMENTAL OFFICE WHERE COMPLAINTS MAY BE LODGED. (6)
- c) A PERSON WHO BELIEVES THAT THE ACT OR A RULE PROMULGATED UNDER THE ACT MAY HAVE BEEN VIOLATED MAY REQUEST AN INVESTIGATION. THE REQUEST

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Section 300.3300(v)(1) (continued)

LOCATED. FOLLOWING THIS CONFERENCE, THE DEPARTMENT MAY AFFIRM, MODIFY OR OVERRULE ITS PREVIOUS DECISION. EXCEPT IN AN EMERGENCY, TRANSFER OR DISCHARGE MAY NOT BEGIN UNTIL THE PERIOD FOR REQUESTING A CONFERENCE HAS PASSED OR, IF A CONFERENCE IS REQUESTED, UNTIL AFTER A CONFERENCE HAS BEEN HELD; AND (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(a))

- 2) PROVIDE WRITTEN NOTICE TO ANY RESIDENT TO BE REMOVED, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, PRIOR TO THE REMOVAL. THE NOTICE SHALL STATE THE REASON FOR WHICH TRANSFER OR DISCHARGE IS ORDERED AND SHALL INFORM THE RESIDENT OF THE RESIDENT'S RIGHT TO CHALLENGE THE TRANSFER OR DISCHARGE UNDER SUBSECTION (x) OF THIS SECTION. THE DEPARTMENT SHALL HOLD AN INFORMAL CONFERENCE WITH THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE PRIOR TO TRANSFER OR DISCHARGE AT WHICH THE RESIDENT OR THE REPRESENTATIVE MAY PRESENT ANY OBJECTIONS TO THE PROPOSED TRANSFER OR DISCHARGE PLAN OR ALTERNATIVE PLACEMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(b))

- w) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTION (q)(5) OF THIS SECTION, THE DEPARTMENT SHALL NOTIFY THE FACILITY AND ANY RESIDENT TO BE REMOVED THAT AN EMERGENCY HAS BEEN FOUND TO EXIST AND REMOVAL HAS BEEN ORDERED, AND SHALL INVOLVE THE RESIDENTS IN REMOVAL PLANNING IF POSSIBLE. FOLLOWING EMERGENCY REMOVAL, THE DEPARTMENT SHALL PROVIDE WRITTEN NOTICE TO THE FACILITY, TO THE RESIDENT, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, OF THE BASIS FOR THE FINDING THAT AN EMERGENCY EXISTED AND OF THE RIGHT TO CHALLENGE REMOVAL UNDER SUBSECTION (x) OF THIS SECTION. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-421)

- x) WITHIN 10 DAYS FOLLOWING TRANSFER OR DISCHARGE, THE FACILITY OR ANY RESIDENT TRANSFERRED OR DISCHARGED MAY SEND A WRITTEN REQUEST TO THE DEPARTMENT FOR A HEARING UNDER SECTION 3-703 OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703) TO CHALLENGE THE TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL HOLD THE HEARING WITHIN 30 DAYS OF RECEIPT OF THE REQUEST. WHERE A CHALLENGE IS BY A RESIDENT, THE HEARING SHALL BE HELD AT A LOCATION CONVENIENT TO THE RESIDENT. IF THE FACILITY PREVAILS, IT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" FOR PAYMENTS OF LOSS OF EXPENSES SAVED AS A RESULT OF THE TRANSFER OR DISCHARGE. NO RESIDENT TRANSFERRED OR DISCHARGED MAY BE HELD LIABLE FOR THE CHARGE FOR CARE WHICH WOULD HAVE BEEN MADE HAD THE RESIDENT REMAINED IN THE FACILITY. IF A RESIDENT PREVAILS, THE RESIDENT MAY FILE A CLAIM AGAINST THE STATE

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 300.3310(c) (continued)

MAY BE SUBMITTED TO THE DEPARTMENT IN WRITING, BY TELEPHONE, OR BY PERSONAL VISIT. AN ORAL COMPLAINT SHALL BE REDUCED TO WRITING BY THE DEPARTMENT.

- d) THE SUBSTANCE OF THE COMPLAINT SHALL BE PROVIDED TO THE LICENSEE, OWNER OR ADMINISTRATOR NO EARLIER THAN AT THE COMMENCEMENT OF THE ON-SITE INSPECTION OF THE FACILITY WHICH TAKES PLACE PURSUANT TO THE COMPLAINT.
- e) THE DEPARTMENT SHALL NOT DISCLOSE THE NAME OF THE COMPLAINANT UNLESS THE COMPLAINANT CONSENTS IN WRITING TO THE DISCLOSURE OR THE INVESTIGATION RESULTS IN A JUDICIAL PROCEEDING, OR UNLESS DISCLOSURE IS ESSENTIAL TO THE INVESTIGATION. THE COMPLAINANT SHALL BE GIVEN THE OPPORTUNITY TO WITHDRAW THE COMPLAINT BEFORE DISCLOSURE. UPON THE REQUEST OF THE COMPLAINANT, THE DEPARTMENT MAY PERMIT THE COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY.
- f) UPON RECEIPT OF A COMPLAINT, THE DEPARTMENT SHALL DETERMINE WHETHER THE ACT OR A RULE PROMULGATED UNDER THE ACT HAS BEEN OR IS BEING VIOLATED. THE DEPARTMENT SHALL INVESTIGATE ALL COMPLAINTS ALLEGING ABUSE OR NEGLECT WITHIN 7 DAYS AFTER THE RECEIPT OF THE COMPLAINT EXCEPT THE COMPLAINTS OF ABUSE OR NEGLECT WHICH INDICATE THAT A RESIDENT'S LIFE OR SAFETY IS IN IMMINENT DANGER SHALL BE INVESTIGATED WITH 24 HOURS AFTER RECEIPT OF THE COMPLAINT. ALL OTHER COMPLAINTS SHALL BE INVESTIGATED WITHIN 30 DAYS AFTER THE RECEIPT OF THE COMPLAINT. ALL COMPLAINTS SHALL BE CLASSIFIED AS "VALID" OR "INVALID". FOR ANY COMPLAINT CLASSIFIED AS "VALID", THE DEPARTMENT MUST DETERMINE WITHIN 30 WORKING DAYS IF ANY RULE OR PROVISION OF THIS ACT HAS BEEN OR IS BEING VIOLATED.
- g) UPON THE REQUEST OF A RESIDENT OR COMPLAINANT, THE DEPARTMENT MAY PERMIT THE RESIDENT OR COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY PURSUANT TO THE COMPLAINT.
- h) IN ALL CASES, THE DEPARTMENT SHALL INFORM THE COMPLAINANT OF ITS FINDINGS WITHIN 10 DAYS OF ITS DETERMINATION UNLESS OTHERWISE INDICATED BY THE COMPLAINANT, AND THE COMPLAINANT MAY DIRECT THE DEPARTMENT TO SEND A COPY OF SUCH FINDINGS TO ANOTHER PERSON. THE DEPARTMENT'S FINDINGS MAY INCLUDE CONTENTS OR DOCUMENTATION PROVIDED BY EITHER THE COMPLAINANT OR THE LICENSEE PERTAINING TO THE COMPLAINT. THE DEPARTMENT SHALL ALSO NOTIFY THE FACILITY OF SUCH FINDINGS WITHIN 10 DAYS OF THE DETERMINATION, BUT THE NAME OF THE COMPLAINANT OR RESIDENTS SHALL NOT BE DISCLOSED IN THIS NOTICE TO THE

## DEPARTMENT OF PUBLIC HEALTH

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## Section 300.3310(h) (continued)

FACILITY. THE NOTICE OF SUCH FINDINGS SHALL INCLUDE A COPY OF THE WRITTEN DETERMINATION; THE CORRECTION ORDER, IF ANY; THE INSPECTION REPORT; OR WARNING NOTICE, IF ANY; AND THE STATE LICENSE ON WHICH THE VIOLATION IS LISTED.

- i) A WRITTEN DETERMINATION, CORRECTION ORDER, OR WARNING NOTICE CONCERNING A COMPLAINT SHALL BE AVAILABLE FOR PUBLIC INSPECTION, BUT THE NAME OF THE COMPLAINANT OR RESIDENT SHALL NOT BE DISCLOSED WITHOUT HIS CONSENT.
- j) A COMPLAINANT WHO IS DISSATISFIED WITH THE DETERMINATION OR INVESTIGATION BY THE DEPARTMENT MAY REQUEST A HEARING UNDER SUBSECTION (k) BELOW. THE FACILITY SHALL BE GIVEN NOTICE OF ANY SUCH HEARING AND MAY PARTICIPATE IN THE HEARING AS A PARTY. IF A FACILITY REQUESTS A HEARING UNDER SUBSECTION (k) BELOW WHICH CONCERNS A MATTER COVERED BY A COMPLAINT, THE COMPLAINANT SHALL BE GIVEN WRITTEN NOTICE AND MAY PARTICIPATE IN THE HEARING AS A PARTY. A REQUEST FOR A HEARING BY EITHER A COMPLAINANT OR A FACILITY SHALL BE SUBMITTED IN WRITING TO THE DEPARTMENT WITHIN 30 DAYS AFTER THE MAILING OF THE DEPARTMENT'S FINDINGS AS DESCRIBED IN SUBSECTION (h) ABOVE. UPON RECEIPT OF THE REQUEST THE DEPARTMENT SHALL CONDUCT A HEARING AS PROVIDED UNDER SUBSECTION (k) ABOVE.
- k) ANY PERSON AGGRIEVED BY A DECISION OF THE DEPARTMENT OF A FACILITY RENDERED IN A PARTICULAR CASE WHICH AFFECTS THE LEGAL RIGHTS, DUTIES OR PRIVILEGES CREATED UNDER THIS ACT MAY HAVE SUCH DECISION REVIEWED IN ACCORDANCE WITH SECTIONS 3-703 THRU 3-712 OF THE ACT.
- 1) WHEN THE DEPARTMENT FINDS THAT A PROVISION OF ARTICLE II OF THE ACT REGARDING RESIDENTS' RIGHTS HAS BEEN VIOLATED WITH REGARD TO A PARTICULAR RESIDENT, THE DEPARTMENT SHALL ISSUE AN ORDER REQUIRING THE FACILITY TO REIMBURSE THE RESIDENT FOR INJURIES INCURRED, OR \$100, WHICHEVER IS GREATER.

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.3320 Confidentiality  
EMERGENCY

- a) THE DEPARTMENT, THE FACILITY AND ALL OTHER PUBLIC OR PRIVATE AGENCIES SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE



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## Section 300.3320(a) (continued)

OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS REGULATION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.

- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL, OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477 effective October 24, 1988, for a maximum of 150 days)

Section 300.3330 Facility Implementation  
EMERGENCY

- a) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES TO IMPLEMENT THE RESPONSIBILITIES AND RIGHTS PROVIDED IN ARTICLE II OF THE ACT. THE POLICIES SHALL INCLUDE THE PROCEDURE FOR THE INVESTIGATION AND RESOLUTION OF RESIDENT COMPLAINTS UNDER THE ACT. THE POLICIES SHALL BE CLEAR AND UNAMBIGUOUS AND SHALL BE AVAILABLE FOR INSPECTION BY ANY PERSON. A SUMMARY OF THE POLICIES AND PROCEDURES, PRINTED IN NOT LESS THAN 12 POINT TYPE, SHALL BE DISTRIBUTED TO EACH RESIDENT AND REPRESENTATIVE. {6}

- b) The facility shall provide copies of these policies and procedures upon request to next of kin, sponsoring agencies, representative payees and the public. {6}

- c) EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT AT THE TIME OF ADMISSION TO A FACILITY OR AS SOON THEREAFTER AS THE CONDITION OF THIS RESIDENT PERMITS. AT THE TIME OF IMPLEMENTATION OF THE ACT EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT. IF A RESIDENT IS UNABLE TO READ SUCH WRITTEN SUMMARY, IT SHALL BE READ TO THE RESIDENT IN A LANGUAGE THE RESIDENT UNDERSTANDS. IN THE CASE OF A MINOR OR A PERSON HAVING A GUARDIAN, BOTH THE RESIDENT AND THE PARENT OR GUARDIAN SHALL BE FULLY INFORMED OF THESE RIGHTS AND RESPONSIBILITIES. {6}

- d) The resident, resident's representative, guardian, or parent of a minor resident shall acknowledge in writing the receipt from the facility of a copy of all resident rights set forth in Article II of the Act and a copy of all facility policies implementing such rights. {6}

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## Section 300.3330 (continued)

- e) THE FACILITY SHALL ENSURE THAT ITS STAFF IS FAMILIAR WITH AND OBSERVES THE RIGHTS AND RESPONSIBILITIES ENUMERATED IN THE ACT AND THESE REGULATIONS. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days)

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## NOTICE OF EMERGENCY AMENDMENTS

1) Heading of Part:

Minimum Standards for Classification and Licensure of Intermediate Care Facilities for the Developmentally Disabled

2) Code Citation:

77 Ill. Adm. Code 350

3) Section Numbers:

350.110, 350.120, 350.130, 350.150,  
350.160, 350.200, 350.210, 350.220,  
350.230, 350.250, 350.272, 350.274,  
350.276  
350.277  
350.278, 350.282, 350.284, 350.290,  
350.300, 350.330, 350.510, 350.610,  
350.620, 350.630, 350.640, 350.650,  
350.660, 350.670, 350.680, 350.690,  
350.700, 350.810, 350.820, 350.830,  
350.1010, 350.1020, 350.1030, 350.1040,  
350.1050, 350.1060, 350.1210, 350.1220,  
350.1230, 350.1240, 350.1410, 350.1420,  
350.1430, 350.1440, 350.1450, 350.1610,  
350.1620, 350.1640, 350.1650, 350.1680,  
350.1690, 350.1810, 350.1820, 350.1830,  
350.1840, 350.1860, 350.1870, 350.1880,  
350.1890, 350.1910, 350.2010, 350.2020,  
350.2030, 350.2210, 350.2220, 350.2410,  
350.2420, 350.2430, 350.2610, 350.2620,  
350.2630, 350.2640, 350.2650, 350.2660,  
350.2670, 350.2680, 350.2690, 350.2700,  
350.2710, 350.2720, 350.2730, 350.2740,  
350.2920, 350.2930, 350.2940, 350.2950,  
350.2960, 350.2970, 350.2980, 350.2990,  
350.3000, 350.3010, 350.3020, 350.3030,  
350.3040, 350.3210, 350.3220, 350.3230,  
350.3240, 350.3250, 350.3260, 350.3270,  
350.3280, 350.3290, 350.3300, 350.3310,  
350.3320, 350.3330, 350.3710, 350.3720,  
350.3730, 350.3740, 350.3750, 350.3760,  
350.3770, 350.3790, 350.3800, 350.3820,  
350.3840, 350.3860, 350.3870, 350.3880,  
350.3890, 350.3910, 350.3920, 350.3930,  
350.3950, 350.3960, 350.3970, 350.3980,  
350.3990, 350.4000, 350.4010, 350.4030

## DEPARTMENT OF PUBLIC HEALTH

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4) Statutory Authority:

Nursing Home Care Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4151-101 et seq.), as amended by Public Acts 85-1378 and 85-1183.

5) Effective Date of Amendments:

October 24, 1988

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:

Not applicable.

7) Date Filed in Agency's Principal Office:

October 24, 1988

8) Reason for Emergency:

These emergency amendments are needed to implement recently-enacted legislation. The Department believes that the immediate effective dates on the legislation indicate that the Illinois General Assembly intends for these amendments to be implemented without delay.

9) A Complete Description of the Subjects and Issues Involved:

The most significant changes are included in Public Act 85-1378 (Senate Bill 2201), which took effect on September 1, 1988. This legislation amends the Nursing Home Care Act to eliminate the lowest level of violations, level "C" violations. This level of violations is replaced with a procedure for the issuance of administrative warnings. Facilities will not be required to submit a plan of correction in response to an administrative warning, but will be responsible for correction of the condition.

To implement this change, the Department is taking the following actions in these emergency amendments:

1. Deleting all of the current designations of level "C" violations from the entire text of the rules.
2. Expanding the provisions in Section 350.272 concerning the determination to issue a notice of violation to also include administrative warnings.
3. Eliminating the language concerning level "C" violations in Section



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350.274 which concerns the determination of the level of a violation.

4. Adding a new Section 350.277 to provide procedures for the issuance of administrative warnings.

5. Eliminating the provisions concerning the assessment of penalties for ten or more uncorrected level "C" violations from Section 350.282(e).

6. Adding a definition of "administrative warning" and deleting the definition of "type C violation" in Section 350.330.

Additional statutory changes included in Public Act 85-1378, and changes included in Public Act 85-1183 (House Bill 4172), which took effect on August 13, 1988, are also being implemented in these emergency amendments. These changes include amendments to provisions concerning:

1. Submission of ownership information [Section 350.250(a)].
2. Contents of the quarterly list of facilities against which the Department is taking some action [Section 350.290(a)].
3. Basis and procedures for involuntary transfer or discharge [Section 350.3300(c)].
4. Procedure for hearings requested by persons who file complaints against a facility [Section 350.3310(j)].

The Department believes that there will be little, if any, economic effect of these emergency amendments on the regulated public. The elimination of level "C" violations could reduce the costs of compliance with these rules by regulated facilities. The Department of Public Health may also experience some cost savings from this change.

Amendments which include these emergency changes are also being proposed for permanent adoption by the Department. The Department anticipates that the amendments will be adopted prior to the expiration of these emergency amendments.

10) Are there any Proposed Amendments Pending to this Part? No.

11) Statement of Statewide Policy Objectives:

This rulemaking does not affect local governmental units.

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12) Information and Questions regarding these Emergency Amendments shall be directed to:

Mr. Robert John Kane  
Division of Governmental Affairs  
Illinois Department of Public Health  
525 West Jefferson, Second Floor  
Springfield, Illinois 62761  
Telephone: (217) 782-6187

The full text of the Emergency Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 350  
MINIMUM STANDARDS  
FOR CLASSIFICATION AND LICENSURE OF INTERMEDIATE CARE FACILITIES  
FOR THE DEVELOPMENTALLY DISABLED

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FOR THE DEVELOPMENTALLY DISABLED OF FIFTEEN (15) BEDS OR LESS

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**AUTHORITY:** Implementing and authorized by the Nursing Home Care ~~Reform~~ Act ~~of 1979~~ (Ill. Rev. Stat. 1987 ~~1985~~, ch. 111 1/2, par. 4151-101 et seq.), as amended by Public Acts 85-1183, effective August 13, 1988, and 85-1378, effective September 1, 1988)

**SOURCE:** Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8 Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705

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effective October 24, 1988, for a maximum of 150 days.

**NOTE:** Italics and capitalization denote statutory language.

Section 350.110 General Requirements  
**EMERGENCY**

- a) These Minimum Standards apply to the operator/licensee of facilities, or distinct parts thereof, that are to be licensed and classified to provide intermediate care and/or skilled nursing care. Any license issued and in effect prior to March 1, 1980, pursuant to the "Nursing Homes, Sheltered care homes, and homes for the aged Act" (Ill. Rev. Stat. 1977, ch. 111 1/2, par. 35.16 et seq.) shall remain valid and subject to the terms and conditions of the "Nursing Home Care Reform Act of 1979" (the Act) (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.) and all regulations promulgated thereunder until the expiration date shown on the face of such license.
- b) The license issued to each operator/licensee shall designate the licensee's name, facility name, address, the classification by level of service authorized for that facility, the number of beds authorized for each level, the date the license was issued and the expiration date. Such licenses shall be issued for a period not to exceed one (1) year.
- c) An applicant may request that the license issued by the Department of Public Health Department have distinct parts classified according to levels of services. The distinct part must satisfactorily meet the applicable physical plant standards based on a level of service classification sought for that distinct part. If necessary to protect the health, welfare and safety of residents in a distinct part requiring higher standards, the Department shall require compliance with whatever additional physical plant standards are necessary in any distinct part(s), to achieve this protection as required by the highest level of care being licensed. Administrative, supervisory, and other personnel may be shared by the entire facility, if so doing does not adversely affect meeting the total needs of the residents of the facility.
- d) **THE OPERATOR MAY NOT ADMIT RESIDENTS IN EXCESS OF THE LICENSED CAPACITY OF THE FACILITY.** (See Section 350.280 - Violations and Penalties) (B<sub>5</sub>-6)
- e) An intermediate care facility licensed and classified under the Act shall not use in its title or description "Hospital", "Sanitarium", "Sanatorium", "Rehabilitation Center", "Skilled Nursing Facility", or



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## Section 350.110(e) (continued)

any other word or description in its title or advertisements which indicates that a type of service is provided by the facility which the facility is not licensed to provide or, in fact, does not provide. (6)

- f) Any person constructing or modifying a long-term care facility or portion thereof without obtaining the required permit from the Health Facilities Planning Board shall not be eligible to apply for licensure for that facility or portion thereof (111. Rev. Stat. 1983, ch. 111 1/2, par. 1163.1). (6)

- g) THE LICENSEE SHALL GIVE NINETY (90) DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN TEN PERCENT (10%) OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENTS WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OR THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE LICENSEE SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER THE ACT. (111. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.). (A, B)

(Source: Emergency amendment at 12 111. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.120 Application for License  
EMERGENCY

- a) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility, and/or skilled nursing facility shall submit pre-application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The pre-application form and other

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## Section 350.120(a) (continued)

required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications. (6)

- b) A pre-application for a new facility shall be accompanied by a permit as required by the "Illinois Health Facilities Planning Act" (111. Rev. Stat. 1979, ch. 111 1/2, par. 1151 et seq.). (6)
- c) APPLICATION FOR A LICENSE TO ESTABLISH OR OPERATE AN INTERMEDIATE CARE FACILITY, AND/OR SKILLED NURSING FACILITY SHALL BE MADE IN WRITING AND SUBMITTED, WITH OTHER SUCH INFORMATION AS THE DEPARTMENT MAY REQUIRE, ON FORMS PROVIDED BY THE DEPARTMENT.
- d) ALL APPLICATIONS, EXCEPT THOSE OF HOMES FOR THE AGED, SHALL BE ACCOMPANIED BY AN APPLICATION FEE OF TWO HUNDRED (200) DOLLARS. THE APPLICATION SHALL BE UNDER OATH AND THE SUBMISSION OF FALSE OR MISLEADING INFORMATION SHALL BE A CLASS A MISDEMEANOR. THE APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION:
- 1) THE NAME AND ADDRESS OF THE APPLICANT IF AN INDIVIDUAL, AND IF A FIRM, PARTNERSHIP, OR ASSOCIATION, OF EVERY MEMBER THEREOF, AND IN THE CASE OF A CORPORATION, THE NAME AND ADDRESS THEREOF AND OF ITS OFFICERS AND ITS REGISTERED AGENT, AND IN THE CASE OF A UNIT OF LOCAL GOVERNMENT, THE NAME AND ADDRESS OF ITS CHIEF EXECUTIVE OFFICER;
  - 2) THE NAME AND LOCATION OF THE FACILITY FOR WHICH A LICENSE IS SOUGHT;
  - 3) THE NAME OF THE PERSON OR PERSONS UNDER WHOSE MANAGEMENT OR SUPERVISION THE FACILITY WILL BE CONDUCTED;
  - 4) THE NUMBER AND TYPE OF RESIDENTS FOR WHICH MAINTENANCE, PERSONAL CARE, OR NURSING IS TO BE PROVIDED; AND
  - 5) SUCH INFORMATION RELATING TO THE NUMBER, EXPERIENCE, AND TRAINING OF THE EMPLOYEES OF THE FACILITY, ANY MANAGEMENT AGREEMENTS FOR THE OPERATION OF THE FACILITY, AND OF THE MORAL CHARACTER OF THE APPLICANT AND EMPLOYEES AS THE DEPARTMENT MAY DEEM NECESSARY. (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))

- e) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.120(e) (continued)

the Department when the facility is sold, or leased; or when operation is discontinued; or when operation is moved to a new location; or when the licensee (if an individual) dies; or when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be. (c)

A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases. (c)

- f) EACH INITIAL APPLICATION SHALL BE ACCOMPANIED BY A FINANCIAL STATEMENT SETTING FORTH THE FINANCIAL CONDITION OF THE APPLICANT AND BY A STATEMENT FROM THE UNIT OF LOCAL GOVERNMENT HAVING ZONING JURISDICTION OVER THE FACILITY'S LOCATION STATING THAT THE LOCATION OF THE FACILITY IS NOT IN VIOLATION OF A ZONING ORDINANCE. AN INITIAL APPLICATION FOR A NEW FACILITY SHALL BE ACCOMPANIED BY A PERMIT AS REQUIRED BY THE "ILLINOIS HEALTH FACILITIES PLANNING ACT". AFTER THE APPLICATION IS APPROVED, THE APPLICANT SHALL ADVISE THE DEPARTMENT EVERY 6 MONTHS OF ANY CHANGES IN THE INFORMATION ORIGINALLY PROVIDED IN THE APPLICATION.
- (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2))

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.130 Licensee  
EMERGENCY

- a) The licensee is the corporate body, political subdivision, individual, or individuals responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing requirements. The licensee does not have to own the building being used.
- b) If the licensee does not own the building, a lease or management agreement between the licensee and the owner of the building is required. A copy of the lease or management agreement shall be furnished to the Department. The Department shall also be provided with a copy of all new lease agreements or any changes to existing agreements within thirty (30) days of the effective date of such changes. (c)
- c) If the licensee is not a corporation or a political subdivision of

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## Section 350.130(c) (continued)

the State of Illinois, each person responsible for the operation of the facility and upon whom rests the responsibility for meeting the Licensing Minimum Standards and Rules shall be at least eighteen (18) years of age. (c)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.150 Issuance of an Initial License Due to a Change of Ownership  
EMERGENCY

- a) UPON RECEIPT AND REVIEW OF AN APPLICATION FOR A LICENSE THE DIRECTOR SHALL ISSUE A PROBATIONARY LICENSE IF HE FINDS:
- 1) THE APPLICANT IS A PERSON RESPONSIBLE AND SUITABLE TO OPERATE OR TO DIRECT OR TO PARTICIPATE IN THE OPERATION OF A FACILITY BY VIRTUE OF FINANCIAL CAPACITY, APPROPRIATE BUSINESS OR PROFESSIONAL EXPERIENCE, A RECORD OF COMPLIANCE WITH LAWFUL ORDERS OF THE DEPARTMENT AND LACK OF REVOCATION OF A LICENSE DURING THE PREVIOUS FIVE (5) YEARS;
  - 2) THE FACILITY IS UNDER THE SUPERVISION OF AN ADMINISTRATOR WHO IS LICENSED UNDER THE "NURSING HOME ADMINISTRATOR'S LICENSING ACT", AS NOW OR HEREAFTER AMENDED; AND
  - 3) THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE "NURSING HOME CARE REFORM ACT OF 1979" AND THESE REGULATIONS.
- b) WHENEVER OWNERSHIP OF A FACILITY IS TRANSFERRED FROM THE PERSON NAMED IN A LICENSE TO ANY OTHER PERSON, THE TRANSFEREE MUST OBTAIN A NEW PROBATIONARY LICENSE. THE TRANSFEREE SHALL NOTIFY THE DEPARTMENT OF THE TRANSFER AND APPLY FOR A NEW LICENSE AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. (c)
- c) THE TRANSFEROR SHALL NOTIFY THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. THE TRANSFEROR SHALL REMAIN RESPONSIBLE FOR THE OPERATION OF THE FACILITY UNTIL SUCH TIME AS THE LICENSE IS ISSUED TO THE NEW TRANSFEREE. (c)
- d) THE LICENSE GRANTED TO THE TRANSFEREE SHALL BE SUBJECT TO ANY PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS OWNER AND APPROVED BY THE DEPARTMENT AND ANY CONDITIONS CONTAINED IN A CONDITIONAL LICENSE ISSUED TO THE PREVIOUS OWNER. IF THERE ARE OUTSTANDING VIOLATIONS AND NO PLAN OF CORRECTION HAS BEEN SUBMITTED BY THE FACILITY AND



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## Section 350.150(d) (continued)

APPROVED BY THE DEPARTMENT, THE DEPARTMENT MAY ISSUE A CONDITIONAL LICENSE AND PLAN OF CORRECTION AS PROVIDED IN SECTIONS 3-311 THROUGH 3-317 OF THE "NURSING HOME CARE REFORM ACT OF 1979" IN PLACE OF A PROBATIONARY LICENSE. {6}

- e) THE TRANSFEROR SHALL REMAIN LIABLE FOR ALL PENALTIES ASSESSED AGAINST THE FACILITY WHICH ARE IMPOSED FOR VIOLATIONS OCCURRING PRIOR TO TRANSFER OF OWNERSHIP. {6}
- f) THE DEPARTMENT WILL ISSUE A PROBATIONARY LICENSE FOR ONE HUNDRED TWENTY (120) DAYS FROM DATE OF ISSUANCE.
- g) DURING THE ONE HUNDRED TWENTY (120) DAYS OF THE PROBATIONARY LICENSE, THE DEPARTMENT SHALL CONDUCT AN INVESTIGATION OF THE APPLICANT WITHIN THIRTY (30) DAYS OF THE TERMINATION OF THE PROBATIONARY LICENSE TO DETERMINE WHETHER OR NOT THE APPLICANT THEN COMPLIES, AND IF NOT, WHETHER SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE. IF IN COMPLIANCE, THE PROBATIONARY LICENSE WILL BE REPLACED WITH A FULL STATUS LICENSE. IF NOT IN COMPLIANCE AND SATISFACTORY PROGRESS TOWARD COMPLIANCE IS NOT BEING MADE, THE DEPARTMENT WILL ALLOW THE PROBATIONARY LICENSE TO EXPIRE.
- h) IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE BUT SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE, A SECOND PROBATIONARY LICENSE OF UP TO ONE HUNDRED TWENTY (120) DAYS MAY BE ISSUED. UNDER NO CONDITION MAY MORE THAN TWO (2) SUCCESSIVE PROBATIONARY LICENSES BE ISSUED.
- i) The issuance date of the probationary license to the new owner will be the date the last licensure requirement is met as determined by the department. Prior to actual receipt by the operator of the license certificate, the operator may begin operation upon receipt of written approval by the department.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.160 Issuance of a Renewal License  
EMERGENCY

AT LEAST ONE HUNDRED TWENTY (120) DAYS, BUT NOT MORE THAN ONE HUNDRED FIFTY (150) DAYS, PRIOR TO LICENSE EXPIRATION, THE LICENSEE SHALL SUBMIT AN APPLICATION FOR RENEWAL OF THE LICENSE IN SUCH FORM AND CONTAINING SUCH INFORMATION AS THE DEPARTMENT REQUIRES. IF THE APPLICATION IS APPROVED, AND

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## Section 350.160 (continued)

THE FACILITY IS IN COMPLIANCE WITH ALL OTHER LICENSURE REQUIREMENTS, THE LICENSE SHALL BE RENEWED FOR AN ADDITIONAL ONE YEAR PERIOD. (See Section 14 of the Act for Municipal Licensing Requirements.) {6}

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.200 Inspections, Surveys, Evaluations and Consultation  
EMERGENCY

- a) The terms survey, inspection and evaluation are synonymous. These terms refer to the overall examination of compliance with the Act and the regulations in this Part. All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. AN INSPECTION, SURVEY OR EVALUATION, OTHER THAN AN INSPECTION OF FINANCIAL RECORDS SHALL BE UNANNOUNCED. CONSULTATIONS MAY BE ANNOUNCED (Ill.Rev.Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(d)). The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out this Act and the rules promulgated under the Act. IN ADDITION, REPRESENTATIVE OF THE DEPARTMENT SHALL HAVE ACCESS TO AND MAY REPRODUCE OR PHOTOCOPY AT THE DEPARTMENT'S COST ANY BOOKS, RECORDS, AND OTHER DOCUMENTS MAINTAINED BY THE FACILITY, THE LICENSEE OR THEIR REPRESENTATIVES TO THE EXTENT NECESSARY TO CARRY OUT THIS ACT AND THE RULES PROMULGATED THEREUNDER (Ill.Rev.Stat. 1985 Supp., ch. 111 1/2, par. 4153-213). A facility may charge the Department for such photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information Rules - 2 Ill. Adm. Code 1126. {6}
- b) BEFORE MAKING MORE THAN THE REQUIRED NUMBER OF INSPECTIONS, SURVEYS AND EVALUATIONS OF A FACILITY, THE DEPARTMENT SHALL HAVE TAKEN INTO ACCOUNT THE FOLLOWING CRITERIA:
  - 1) PREVIOUS INSPECTION REPORTS;
  - 2) THE FACILITY'S HISTORY OF COMPLIANCE WITH THE ACT:
    - A) PRIOR CORRECTION OF VIOLATIONS;

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## Section 350.200(b)(2) (continued)

- B) PRIOR ENFORCEMENT ACTIONS;
- C) NUMBER AND SEVERITY OF PRIOR COMPLAINTS;
- 3 NUMBER AND SEVERITY OF CURRENT COMPLAINTS;
- 4) ALLEGATIONS OF RESIDENT ABUSE OR NEGLECT;
- 5) COMPLIANCE WITH DISASTER PREPAREDNESS PROVISIONS UNDER THE ACT;
- 6) OTHER REASONABLE BELIEF THAT DEFICIENCIES REGARDING, THE ACT EXIST; AND/OR
- 7) requirements pursuant to the "1864 Agreement" (42 U.S.C.A. 1395aa) between the Department and U.S. Health and Human Services (HHS) (e.g. annual and follow-up certification inspections, life safety code inspections and any inspections requested by the Secretary of HHS). (111.Rev.Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(b)) {6}

- c) Upon the completion of each inspection, survey and evaluation, the representative of the Department who conducted the inspection, survey or evaluation shall submit a copy of their report to the licensee or their representative, upon exiting the facility. A copy of the information gathered during a complaint investigation will no be provided upon exiting the facility. COMMENTS OR DOCUMENTATION PROVIDED BY THE LICENSEE WHICH MAY REFUTE FINDINGS IN THE REPORT, WHICH EXPLAIN EXTENUATING CIRCUMSTANCES THAT THE FACILITY COULD NOT REASONABLY HAVE PREVENTED, OR WHICH INDICATE METHODS AND TIMETABLES FOR CORRECTION OF DEFICIENCIES DESCRIBED IN THE REPORT SHALL BE PROVIDED TO THE DEPARTMENT WITHIN 10 DAYS OF RECEIPT OF THE COPY OF THE REPORT. (111.Rev.Stat. 1985 Supp., ch 111 1/2, par. 4153-212(c)).
- d) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific matters of the scope of regulation, methods of compliance with the Act or rules and/or general matter of patient care.

(Source: Emergency amendment at 12 111. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTSSection 350.210 Filing an Annual Attested Financial Statement  
EMERGENCY

- a) EACH LICENSEE SHALL SUBMIT AN ANNUAL ATTESTED FINANCIAL STATEMENT TO THE DEPARTMENT. THIS FINANCIAL STATEMENT SHALL BE FILED IN A PRESCRIBED FORMAT ON FORMS SUPPLIED BY THE DEPARTMENT. THE FORMS WILL BE DEVELOPED IN CONJUNCTION WITH THE ILLINOIS DEPARTMENT OF PUBLIC AID. {6}  
The time period covered in the financial statement shall be a period determined by the Department for the initial filing, and shall thereafter coincide with the facility's fiscal year or the calendar year. {6}
- b) The Department may require any facility to file an audited financial statement, if the Department determines that such a statement is needed.
- c) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent financial statements are needed.  
The frequency and time period of such filings shall be as determined by the Department for each individual facility.
- d) The financial statement shall be filed with the Department within ninety (90) days following the end of the designated reporting period. {6}  
The financial statement will not be considered as having been filed unless all sections of the prescribed forms have been properly completed. Those sections which do not apply to a particular facility shall be noted "not applicable" on the forms. {6}
- e) The information required to be submitted in the financial statement will include, but is not limited to, the following:
  - 1) Facility information, including: facility name and address, licensure information, type of ownership, licensed bed capacity, date and cost of building construction and additions, date and cost of acquisition of buildings, building sizes, equipment costs and dates of acquisition. {6}
  - 2) Resident information, including: number and level of care of residents by source of payment, income from residents by level of care. {6}
  - 3) Cost information by level of care, including:



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Section 350.210(e)(3) (continued)

- A) General service costs; such as dietary, food, housekeeping, laundry, utilities, and plant operation and maintenance. {6}
- B) Health care costs; such as medical director, nursing, medications, oxygen, activities, medical records, other medical services, social services, and utilization reviews. {6}
- C) General Administration; such as administrative salaries, professional services, fees, subscriptions, promotional, insurance, travel, clerical, employee benefits, license fees, and inservice training and education. {6}
- D) Ownership; such as depreciation, interest, taxes, rent, and leasing. {6}
- E) Special Service cost centers; such as rehabilitative and rehabilitative services, therapies, transportation, education, barber and beauty care, and gift and coffee shop. {6}
- 4) Income information, including operating and nonoperating income. {6}
- 5) Ownership information, including balance sheet and payment to owners. {6}
- 6) Personnel information, including the number and type of people employed and salaries paid. {6}
- 7) Related organization information, including related organizations from which services are purchased. {6}
- f) The new owner or a new lessee of a previously licensed facility may file a projection of capital costs at the time of closing or signing of the lease.
- 1) A facility which is licensed for the first time (a newly constructed facility) must file a projection of capital costs.
- 2) Each of the above must file a full cost report within nine (9) months after acquisition (covering the first six (6) months of operation). Each must also file a cost report within ninety (90) days of the close of its first complete fiscal year. {6}

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Section 350.210 (continued)

- g) NO PUBLIC FUNDS SHALL BE EXPENDED FOR THE MAINTENANCE OF ANY RESIDENT IN ANY FACILITY WHICH HAS FAILED TO FILE THIS FINANCIAL STATEMENT, AND NO PUBLIC FUNDS SHALL BE PAID TO, OR ON BEHALF OF, A FACILITY WHICH HAS FAILED TO FILE THE STATEMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.220 Information to Be Made Available to the Public By the Department

EMERGENCY

- a) THE DEPARTMENT SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS SECTION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.
- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. {6}
- c) THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE TO THE PUBLIC FROM THE DEPARTMENT OR THE DEPARTMENT OF PUBLIC AID:
- 1) INFORMATION SUBMITTED UNDER SECTIONS 3-103 AND 3-207 OF THE ACT, EXCEPT INFORMATION CONCERNING THE REMUNERATION OF PERSONNEL LICENSED, REGISTERED, OR CERTIFIED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION AND MONTHLY CHARGES FOR AN INDIVIDUAL PRIVATE RESIDENT;
- 2) RECORDS OF LICENSE AND CERTIFICATION INSPECTIONS, SURVEYS, AND EVALUATIONS OF FACILITIES, OTHER REPORTS OF INSPECTIONS, SURVEYS, AND EVALUATIONS OF RESIDENT CARE, AND REPORTS CONCERNING A FACILITY PREPARED PURSUANT TO TITLES XVIII AND XIX OF THE SOCIAL SECURITY ACT, (42 U.S.C.A. 1395 et seq. and 1396 et seq.) SUBJECT TO THE PROVISIONS OF THE SOCIAL SECURITY ACT (42 U.S.C.A. 301 et seq.);
- 3) COST AND REIMBURSEMENT REPORTS SUBMITTED BY A FACILITY UNDER SECTION 3-208 OF THE ACT REPORTS OF AUDITS OF FACILITIES, AND OTHER PUBLIC RECORDS CONCERNING THE COST INCURRED BY, REVENUES RECEIVED BY, AND REIMBURSEMENT OF FACILITIES;



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## Section 350.220(c) (continued)

- 4) COMPLAINTS FILED AGAINST A FACILITY AND COMPLAINT INVESTIGATION REPORTS, EXCEPT THAT A COMPLAINT OR COMPLAINT INVESTIGATION REPORT SHALL NOT BE DISCLOSED TO A PERSON OTHER THAN THE COMPLAINANT OR COMPLAINANT'S REPRESENTATIVE BEFORE IT IS DISCLOSED TO A FACILITY UNDER SECTION 3-702 OF THE ACT, AND, FURTHER, EXCEPT THAT A COMPLAINANT OR RESIDENT'S NAME SHALL NOT BE DISCLOSED EXCEPT UNDER SECTION 3-702 OF THE ACT.
- 5) THE DEPARTMENT SHALL DISCLOSE INFORMATION UNDER THIS SECTION IN ACCORDANCE WITH PROVISIONS FOR INSPECTION AND COPYING OF PUBLIC RECORDS REQUIRED BY THE FREEDOM OF INFORMATION ACT (111. Rev. Stat. 1984 Supp., ch. 116, par. 201 et seq.); AND
- 6) HOWEVER, THE DISCLOSURE OF INFORMATION DESCRIBED IN SUBSECTION (1) SHALL NOT BE RESTRICTED BY ANY PROVISION OF THE FREEDOM OF INFORMATION ACT (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-205).
- d) Copies of reports available to the public may be obtained by making a written request to the Department in accordance with the Department's Freedom of Information Rules -- 2 Ill. Adm. Code 1126. However, access to cost reports shall be governed by Department of Public Aid rule "Access to Cost Reports" (89 Ill. Adm. Code 140.544). The Department may, at its discretion, waive this fee if the party requesting the material is involved in legal action with the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.230

Information to Be Made Available to the Public By the Licensee

EMERGENCY

- a) EVERY FACILITY SHALL CONSPICUOUSLY POST OR DISPLAY IN AN AREA OF IT ACCESSIBLE TO RESIDENTS, EMPLOYEES, AND VISITORS THE FOLLOWING:

- 1) ITS CURRENT LICENSE; {6}
- 2) A DESCRIPTION, PROVIDED BY THE DEPARTMENT OF COMPLAINT PROCEDURES ESTABLISHED UNDER THE "NURSING HOME CARE REFORM ACT OF 1979" AND THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A PERSON AUTHORIZED BY THE DEPARTMENT TO RECEIVE COMPLAINTS; {6}

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## Section 350.230(a) (continued)

- 3) A COPY OF ANY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OF A COURT; AND {6}
- 4) A LIST OF THE MATERIAL AVAILABLE FOR PUBLIC INSPECTION UNDER SECTION 3-210 OF THE "NURSING HOME CARE REFORM ACT OF 1979". {6}
- b) A FACILITY SHALL RETAIN THE FOLLOWING FOR PUBLIC INSPECTION:
  - 1) A COMPLETE COPY OF EVERY INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT DURING THE PAST FIVE (5) YEARS; {6}
  - 2) A COPY OF EVERY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT DURING THE PAST FIVE (5) YEARS; {6}
  - 3) A DESCRIPTION OF THE SERVICES PROVIDED BY THE FACILITY AND THE RATES CHARGED FOR THOSE SERVICES AND ITEMS FOR WHICH A RESIDENT MAY BE SEPARATELY CHARGED; {6}
  - 4) A COPY OF THE STATEMENT OF OWNERSHIP REQUIRED BY SECTION 3-207 OF THE "NURSING HOME CARE REFORM ACT OF 1979"; {6}
  - 5) A RECORD OF PERSONNEL EMPLOYED OR RETAINED BY THE FACILITY WHO ARE LICENSED, CERTIFIED OR REGISTERED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION; AND {6}
  - 6) A COMPLETE COPY OF THE MOST RECENT INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.250

Ownership Disclosure

EMERGENCY

- a) AS A CONDITION OF THE ISSUANCE OR RENEWAL OF THE LICENSE OF ANY FACILITY, THE APPLICANT SHALL FILE A STATEMENT OF OWNERSHIP. THE APPLICANT SHALL notify the Department of any change in AGREE-FO UPDATE THE INFORMATION REQUIRED IN THE STATEMENT OF OWNERSHIP WITHIN 10 DAYS OF THE CHANGE. (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-207(a)) ~~EVERY SIX (6) MONTHS FROM THE INITIAL DATE OF FILING IF THERE IS ANY CHANGE; --{6}~~

Section 350.250 (continued)

b) A STATEMENT OF OWNERSHIP SHALL INCLUDE THE FOLLOWING:

- 1) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity designated as the operator/licensee of the facility which is the subject of the application or license; (6)
- 2) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity that owns the building in which the operator/licensee is operating the facility which is the subject of the application or license; and (6)
- 3) THE ADDRESS OF ANY FACILITY, WHEREVER LOCATED, IN WHICH ANY APPLICANT HAS ANY OWNERSHIP INTEREST. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.272  
EMERGENCY

Determination to Issue a Notice of Violation or Administrative Warning

- a) Upon receipt of a report of an inspection, survey or evaluation of a facility, the Director or his designee shall review the findings contained in the report to determine WHETHER THE REPORT'S FINDINGS CONSTITUTE A VIOLATION OR VIOLATIONS OF WHICH THE FACILITY MUST BE GIVEN NOTICE AND WHICH THREATEN THE HEALTH, SAFETY, OR WELFARE OF A RESIDENT OR RESIDENTS. All information, evidence, and observations made during an inspection, survey or evaluation shall be considered findings or deficiencies.
- b) In making this determination, the Director or his designee shall consider any COMMENTS AND DOCUMENTATION PROVIDED BY THE FACILITY within 10 days of receipt of the report in accordance with Section 350.200(c).
- c) In determining whether the findings warrant the issuance of a notice

Section 350.272(c) (continued)

of violation, the Director or his designee shall base his determination on the following factors:

- 1) THE SEVERITY OF THE FINDING. The Director or his designee will consider whether the finding constitutes a merely technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the standard.
- 2) THE DANGER POSED TO RESIDENT HEALTH AND SAFETY. The Director or his designee will consider whether the finding could pose any direct or indirect harm to the residents.
- 3) THE DILIGENCE AND EFFORTS TO CORRECT DEFICIENCIES AND CORRECTION OF REPORTED DEFICIENCIES BY THE FACILITY. Consideration will be given to any evidence provided by the facility in its comments and documentation that steps have been taken to reduce noted findings and to insure a reduction of deficiencies.
- 4) THE FREQUENCY AND DURATION OF SIMILAR FINDINGS IN PREVIOUS REPORTS AND THE FACILITY'S GENERAL INSPECTION HISTORY. The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the DEPARTMENT SHALL ISSUE AN ADMINISTRATIVE WARNING as provided in Section 350.277. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))

e) VIOLATIONS SHALL BE DETERMINED UNDER THIS SECTION NO LATER THAN 60 DAYS AFTER COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.274 Determination of the Level of a Violation  
EMERGENCY

a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director or his designee will review the findings which are the basis of the violation and any comments and documentation provided by the facility to determine the level of the violation. Each violation shall be determined to be either a level A or level B or level C violation based on the criteria outlined in this Section.

b) The following definitions of levels of violations shall be used in determining the level of each violation:

- 1) A "level A violation" or "type A violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM WILL RESULT THEREFROM. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4151-129)
- 2) A "level B violation" or "type B violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-310)
- 3) A "level C violation" or "type C violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY WHICH INDIRECTLY THREATENS THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-131)

c) In determining the level of a violation, the Director or his designee shall consider the following criteria:

- 1) The specific requirements of this Part which have been violated and the designated level of violation for those provisions.
  - A) The designated level of violation is indicated by the letter or letters in parentheses following specific provisions. The presence of more than one letter following a specific provision indicates that the provision may be applicable to different levels of violation. The absence of any letter following a specific provision indicates that no designated level of violation applicable to that provision has been determined.

## Section 350.274(c)(1) (continued)

B) The designated level of violation will be considered in conjunction with the other criteria contained in subsections (c)(2) and (c)(3) of this Section which may increase or decrease the level of violation cited for a specific violation, except that no violation of a requirement designated as level C will be cited as a level B violation unless there is a direct threat to the health, safety or welfare of a resident, or as a level A violation unless there is a substantial probability of the death of a resident or serious mental or physical harm to a resident.

2) The degree of danger to the resident or residents which is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:

- A) Whether the resident or residents of the facility are able to recognize conditions or occurrences which may be harmful and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the residents as indicated by review of patient needs will be considered in relation to this determination.
- B) Whether the resident or residents have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting resident access to hazardous areas will be considered.
- C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.
- D) Whether the resident or residents of the facility were notified of the condition or occurrence and the promptness of such notice. Failure of the facility to notify residents of potentially harmful conditions or occurrences will be considered. The adequacy of the method of such notification and the extent to which such notification reduced the potential danger to the residents will also be considered.
- 3) The directness and imminence of the danger to the resident or residents by the condition or occurrence in the facility. In



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## Section 350.274(c)(3) (continued)

assessing the directness and imminence of the danger, the following factors will be considered:

- A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a resident or residents resulted from the condition or occurrence and the extent of such harm.
- B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.
- C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.
- D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.
- E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.276 Notice of Violation  
EMERGENCY

- a) EACH NOTICE OF VIOLATION SHALL BE IN WRITING AND SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) A description of THE NATURE OF THE VIOLATION.
- 2) A citation of the specific STATUTORY PROVISION OR RULE which the Department believes has been violated. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-301)
- 3) A statement of the level of the violation as determined pursuant

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## Section 350.276(a)(3) (continued)

to Section 350.274.

- 4) One of the following requirements for corrective action:

- A) For level A violations, a statement that necessary corrective action to ABATE OR ELIMINATE the violation must be taken IMMEDIATELY or within a specific FIXED PERIOD OF TIME NOT EXCEEDING 15 DAYS. In setting this period, the Department will consider whether harm to residents of the facility is imminent, whether necessary precautions can be taken to protect residents before the corrective action is completed, and whether delay would pose additional risks to the residents.
- B) For level B violations-and-level-G-violations, a REQUEST that the facility submit A PLAN OF CORRECTION WITHIN 10 DAYS OF THE RECEIPT OF THE NOTICE OF VIOLATION pursuant to Section 3-303 of the Act (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303) and Section 350.278 of this Part.
- 5) A statement that the Department may take additional action under the Act, including assessment of penalties or licensure action.
- 6) A description of the licensee's right to appeal the notice and its right to a hearing.
- b) Each notice of violation shall be sent to the facility and the licensee by registered mail or served personally at the facility WITHIN TEN DAYS after the Director or his designee determines that issuance of a notice of violation is warranted under Section 350.272 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-301).

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.277 Administrative Warning  
EMERGENCY

- a) Each administrative warning shall be in writing and shall include the following information:

- 1) A description of the nature of the violation.
- 2) A citation of the specific statutory provision or rule which the

Section 350.277(a)(2) (continued)

Department believes has been violated.

- 3) A statement that the FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE SITUATION, CONDITION, OR PRACTICE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))
- b) Each administrative warning shall be sent to the facility and the licensee or served personally at the facility within ten days after the Director or his designee determines that issuance of an administrative warning is warranted under Section 350.272.
- c) The facility is not required to submit a plan of correction in response to an administrative warning.
- d) If the Department finds, during THE NEXT ON-SITE INSPECTION WHICH OCCURS MORE THAN 90 DAYS AFTER THE ISSUANCE OF THE ADMINISTRATIVE WARNING, that the facility has not CORRECTED THE SITUATION, CONDITION, OR PRACTICE WHICH RESULTED IN THE ISSUANCE OF THE ADMINISTRATIVE WARNING, the Department shall notify the facility of the finding. The facility must then SUBMIT A WRITTEN PLAN OF CORRECTION as provided in Section 350.278. The Department will consider the plan of correction and take any necessary action in accordance with Section 350.278. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(b))

(Source: Emergency rule added at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.278 Plans of Correction  
EMERGENCY

- a) A FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF A NOTICE OF VIOLATION under Section 350.277(d) of failure to correct a situation, condition, or practice which resulted in the issuance of an administrative warning, TO PREPARE AND SUBMIT A PLAN OF CORRECTION to the Department.
- b) Within the 10-day period, a facility may request additional time for submission of the plan of correction. The Department will extend the period for submission of the plan of correction for an additional 30 days, when it finds that corrective action by a facility to abate or eliminate the violation will require SUBSTANTIAL CAPITAL IMPROVEMENT. The Department will consider the extent and complexity

Section 350.278(b) (continued)

of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the residents of the facility in determining whether to grant a requested extension.

- c) Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:
  - 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
  - 2) A description of the steps which will be taken to avoid future occurrences of the same and similar violations.
  - 3) A specific date by which the corrective action will be completed.
- d) Submission of a plan of correction shall not be considered an admission by the facility that the violation has occurred.
- e) The Department shall review each plan of correction to insure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan only if it finds any of the following deficiencies:
  - 1) The plan does not appear to address the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences.
  - 2) The plan is not specific enough to indicate the actual actions the facility will be taking to abate, eliminate, or correct the violation.
  - 3) The plan does not provide for measures which will abate or eliminate, or correct the violation.
  - 4) The plan does not provide steps which will avoid future occurrences of the same and similar violations.
  - 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation,



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## Section 350.278(e)(5) (continued)

any possible harm to the residents, and the extent and complexity of the corrective action.

- f) When the Department rejects a submitted plan of correction, it shall notify the facility. The notice of rejection shall be in writing and shall specify THE REASON FOR THE REJECTION. THE FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF THE NOTICE OF REJECTION TO SUBMIT A MODIFIED PLAN.
- g) If a facility fails to submit a plan or modified plan meeting the criteria in subsection (c) within the prescribed time periods in subsection (a) or subsection (d), AN APPROVED PLAN OF CORRECTION WILL BE IMPOSED BY THE DEPARTMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303(b))
- h) The Department shall verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys and evaluations of the facility.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.282  
EMERGENCY

## Conditions for Assessment of Penalties

The Department shall consider the assessment of a monetary penalty against a facility under the following conditions:

- a) When a notice of violation for a level A violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$5000 as determined by the Director or his designee considering the factors outlined in Section 350.286(a), or
    - B) The total of the following:
      - i) \$5 PER RESIDENT IN THE FACILITY, PLUS
      - ii) \$.20 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION

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## Section 350.282(a)(1)(B)(ii) (continued)

IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(1))

- 2) The facility shall also be issued a conditional license for a period of six months as provided in Section 350.260.
- b) When a facility fails to abate or eliminate a level A violation immediately or within the period set by the Department in the notice of violation pursuant to Section 350.276(a)(4)(A).
  - 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be three times the penalty computed under subsection (a)(1) of this Section.
  - 3) The license of the facility shall be revoked as provided in Section 350.180.
- c) When a notice of violation for a level B violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$500 as determined by the Director or his designee considering the factors outlined in Section 350.286(a), or
    - B) The total of the following:
      - i) \$3 PER RESIDENT IN THE FACILITY, PLUS
      - ii) \$.15 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(2))
  - 2) Upon acceptance of a plan of correction by the Department, assessment of the penalty shall be suspended by the Department. No additional penalty shall be imposed for days during which the plan of correction is in effect.
  - d) When a facility fails to correct a level B violation within the time period specified in the plan of correction approved by the Department



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## Section 350.282(d) (continued)

- 1) The facility shall be cited for a repeat violation.
- 2) The penalty to be assessed shall be computed in accordance with subsection (c)(1) of this Section. Days during which the plan of correction was in effect shall be included in the calculation of the penalty.
- 3) The facility shall also be issued a conditional license for a period of at least six months as provided in Section 350.260.
- e) ~~When a facility fails to implement the corrective action required in the plans of correction for ten or more level-6 violations within the time period required in the plans of correction approved by the Department and fails to substantiatively address the issues raised by the violations routinely throughout the facility.~~
  - 1) ~~The facility shall be cited for repeat violations.~~
  - 2) ~~The penalty to be assessed shall be calculated as the total of the following:~~
    - A) ~~\$150 per resident in the facility, plus~~
    - B) ~~\$10 per resident for each day of the repeat violations commencing on the day on which the notices of the repeat violations are received by the facility and ending on the day the necessary corrective action is completed.~~ ~~(Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(3))~~

e) f) WHEN A NOTICE OF VIOLATION IS ISSUED FOR A VIOLATION OF ARTICLE II OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-101 through par. 4152-212) WITH REGARD TO THE RIGHTS OF A PARTICULAR RESIDENT OF THE FACILITY, THE DEPARTMENT SHALL ORDER THE FACILITY TO REIMBURSE THE RESIDENTS FOR ANY INJURIES INCURRED OR IF THE AMOUNT OF THE INJURIES IS LESS THAN \$100, THE DEPARTMENT SHALL ORDER THE FACILITY TO PAY \$100 TO THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(6 7))

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

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Section 350.284 Calculation of Penalties  
EMERGENCY

- a) For the purpose of calculating penalties as provided in Section 350.282, EACH DAY ON WHICH A VIOLATION CONTINUES TO EXIST AFTER THE DAY ON WHICH NOTICE OF THE VIOLATION IS RECEIVED BY THE FACILITY SHALL BE CONSIDERED A SEPARATE VIOLATION. The Department shall not be required to send additional notices of violation to the facility for such continuing violations. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-302)
  - b) For purposes of calculating penalties as provided in Section 350.282, THE NUMBER OF RESIDENTS IN THE FACILITY AND THE NUMBER OF RESIDENTS ON EACH DAY SHALL BE CALCULATED AS THE AVERAGE NUMBER OF RESIDENTS IN THE FACILITY DURING THE THIRTY DAYS IMMEDIATELY PRECEDING THE DAY ON WHICH THE FINDINGS WERE MADE IN THE FACILITY AND THE CONDITIONS OR OCCURRENCES DETERMINED TO BE A VIOLATION WERE DISCOVERED. The number of residents in the facility on the day on which the findings were made in the facility will be considered to be the same as the average number of residents in the facility during the preceding thirty days, unless evidence is provided by the facility substantiating that the average number of residents for that period was different. Changes in the number of residents in the facility subsequent to the day on which the findings were made shall not be considered in the calculation. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(5 6))
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.290 Quarterly List of Violators  
EMERGENCY

- a) THE DEPARTMENT SHALL PREPARE ON A QUARTERLY BASIS A LIST CONTAINING THE NAMES AND ADDRESSES OF ALL FACILITIES AGAINST WHICH THE DEPARTMENT DURING THE PREVIOUS QUARTER HAS:
  - 1) Issued a NOTICE OF PENALTY ASSESSMENT for a level A violation as provided in Section 350.286 and Section 3-305(a) of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-305(a)) - sent-a notice-under-Section-3-307-regarding-a-penalty-assessment-under-subsections-(1)-(3)-(4)-(5)-of-Section-3-305;
  - 2) Issued a NOTICE OF REVOCATION of the facility's license as provided in Section 350.180 and sent-a notice-of-license revocation-under Section 3-119 of the Act (Ill. Rev. Stat.

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Section 350.290(a)(2) (continued);

1987, ch. 111 1/2, par. 4153-119). §

3) Issued a notice suspending renewal of the facility's license as provided in Section 350.275 and sent a notice-refusing-renewal of-a-license under Section 3-119 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). §

4) Issued a notice to suspend the facility's license as provided in Section 350.275 and sent a notice-refusing-renewal of-a-license under Section 3-119 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). §

5) ISSUED A CONDITIONAL LICENSE to the facility based on violations which were NOT corrected as provided in Section 350.260 and Section 3-311 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). Issued a conditional-license-for-violations and operated under Sections 3-301 and 3-303;

6) PLACED A MONITOR IN THE FACILITY as provided in Section 350.270 and Section 3-501 of the Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 4153-501) for one of the following reasons: placed-a-monitor-under-subsections-(a),-(b)-and-(c)-of-Section-3-501-and under subsection (d)-of-such-Section-where-renewal-of-license-upon-renewal-notices-have-also-been-issued;

A) The facility is operating without a license.

B) The Department has revoked or refused to renew the license of the facility;

C) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure.

D) The Department determines that an emergency exists and HAS ISSUED A NOTICE OF REVOCATION OR NONRENEWAL against the facility's license.

7) INITIATED AN ACTION TO APPOINT A RECEIVER. §

8) RECOMMENDED TO THE DIRECTOR OF THE DEPARTMENT OF PUBLIC AID, OR THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE DECERTIFICATION FOR VIOLATIONS IN RELATION TO PATIENT CARE OF A FACILITY PURSUANT TO TITLES XVIII AND XIX (42 U.S.C. Sections 1395 et seq. and 1396 et seq.) OF THE

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Section 350.290(a)(8) (continued)

FEDERAL SOCIAL SECURITY ACT. (111. Rev. Stat. 1985-Supp-1987, ch. 111 1/2, par. 4153-304(a))

b) IN ADDITION TO THE NAME AND ADDRESS OF THE FACILITY, THE LIST SHALL INCLUDE THE NAME AND ADDRESS OF THE PERSON OR LICENSEE AGAINST WHOM THE ACTION HAS BEEN INITIATED, A SELF-EXPLANATORY SUMMARY OF THE FACTS WHICH WARRANTED THE INITIATION OF EACH ACTION, THE TYPE OF ACTION INITIATED, THE DATE OF THE INITIATION OF THE ACTION, THE AMOUNT OF THE PENALTY SOUGHT TO BE ASSESSED, IF ANY, AND THE FINAL DISPOSITION OF THE ACTION, IF COMPLETED. (111. Rev. Stat. 1985-Supp-1987, ch. 111 1/2, par. 4153-304(b))

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.300 Alcoholism Treatment Programs In Long-Term Care Facilities  
EMERGENCY

a) A long-term care facility that desires to provide an alcoholism treatment program must first receive written approval from both the Division of Health Facilities Surveillance and the Division of Health Facilities Standards. Such approval will be granted only if it can be shown that such program will not interfere in any way with the residents in the other parts of the facility. (6)

b) Any alcoholism treatment program in a long-term care facility must meet the program standards of the rules (77 Ill. Adm. Code 200) Alcoholism and Intoxication Treatment Programs, as promulgated by the Illinois Department of Public Health under the Alcoholism Treatment Licensing Act. (111. Rev. Stat. 1979, ch. 111 1/2, par. 2301 et seq.). (6)

c) The alcoholism treatment program must be in a completely separate distinct part of the long-term care facility, and must include all beds in that distinct part. It must be completely separated from the rest of the facility, and have separate entrances. (6)

d) Beds designated for alcoholism treatment cannot be used for long-term care residents, nor can beds designated for long-term care residents be used for residents undergoing treatment for alcoholism. (6)

e) The alcoholism treatment program staff will not be utilized in performing services in the long-term care area of the facility, nor will long-term care program staff be utilized to provide any services



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## Section 350.300(e) (continued)

in the alcoholism treatment designated area. (6)

- f) There may be joint use of laundry, food service, housekeeping and administrative services, provided written approval is obtained from the Division of Long-Term Care. Such approval will be granted only if it can be shown that such joint usage will not interfere in any way with the residents in other parts of the facility. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.330 Definitions

## EMERGENCY

- a) Each definition is considered to be a separate rule, but they are not given individual numbers because they are listed alphabetically, and numbers would have to be changed each time a new definition was added or deleted.

- b) The terms defined below are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:

ABUSE - ANY PHYSICAL OR MENTAL INJURY OF SEXUAL ASSAULT INFLICTED ON A RESIDENT OTHER THAN BY ACCIDENTAL MEANS IN A FACILITY.

ACCESS - THE RIGHT TO:

ENTER ANY FACILITY;

COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT WHO CONSENTS TO THE COMMUNICATION;

SEEK CONSENT TO COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT;

INSPECT THE CLINICAL AND OTHER RECORDS OF A RESIDENT WITH THE EXPRESS WRITTEN CONSENT OF THE RESIDENT;

OBSERVE ALL AREAS OF THE FACILITY EXCEPT THE LIVING AREA OF ANY RESIDENT WHO PROTESTS THE OBSERVATION.

Act - as used in these standards, the "Nursing Home Care Reform

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## Section 350.330(b) (continued)

Act of 1979, as amended."

Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 350.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a level A or level B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

## AFFILIATE MEANS:

WITH RESPECT TO A PARTNERSHIP, EACH PARTNER THEREOF.

WITH RESPECT TO A CORPORATION, EACH OFFICER, DIRECTOR AND STOCKHOLDER THEREOF.

WITH RESPECT TO A NATURAL PERSON: ANY PERSON RELATED IN THE FIRST DEGREE OF KINSHIP TO THAT PERSON; EACH PARTNERSHIP AND EACH PARTNER THEREOF OF WHICH THAT PERSON OR ANY



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AFFILIATE OF THAT PERSON IS A PARTNER; AND EACH CORPORATION IN WHICH THAT PERSON OR ANY AFFILIATE OF THAT PERSON IS AN OFFICER, DIRECTOR OR STOCKHOLDER.

Aide or Orderly - any person providing direct personal care, training and/or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area of cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

APPLICANT - ANY PERSON MAKING APPLICATION FOR A LICENSE.

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, psychosocial, etc., aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; Mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

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## Section 350.330(b) (continued)

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

Basement - when used in these regulations means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a charge nurse is a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Community Living Facility - see Facility, Community Living.

CONTINUING-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL FORMS OF FINANCIAL SUPPORT FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

CONTRACT - A BINDING AGREEMENT BETWEEN A RESIDENT OR HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT AND THE FACILITY OR ITS AGENT.

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## Section 350.330(b) (continued)

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. Examples of physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Dental Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 2202 et seq.).

Department - as used in these standards means the Illinois Department of Public Health.

Developmentally Disabled - those individuals whose disability is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other pathological conditions which generally originate before such individuals attain age eighteen (18), and which continue, or can be expected to continue, indefinitely, and which constitute a substantial functioning handicap to such individuals.

Developmental Disabilities (DD) Aide - any person who provides nursing, personal and/or rehabilitative care to residents of Intermediate Care Facilities for the Developmentally Disabled, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render medical care. Other titles often used to refer to DD aides include, but are not limited to, Program Aides, Program Technicians and Habilitation Aides. DD Aides must function under the supervision of a licensed nurse or a Qualified Mental Retardation Professional (QMRP).

Developmental Disability - a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairment or combination of mental and physical impairments;

is manifest before age twenty-two (22);

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## Section 350.330(b) (continued)

is likely to continue indefinitely;

results in substantial functional limitations in three (3) or more of the following areas of major life activities:

self-care;

receptive and expressive language;

learning;

mobility;

self-direction;

capacity for independent living; and

economic self-sufficiency; and

reflects the persons' needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and individually planned and coordinated.

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

is a graduate of a Department-approved course that provides ninety (90) or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has training and experience in food service supervision and management in a military service equivalent in content to the program in paragraph (2) or (3) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or



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has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one (1) year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee.

Director of Nursing Service - the full-time Professional Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

EMERGENCY - A SITUATION, PHYSICAL CONDITION OR ONE OR MORE PRACTICES, METHODS OR OPERATIONS WHICH PRESENT IMMINENT DANGER OF DEATH OR SERIOUS PHYSICAL OR MENTAL HARM TO RESIDENTS OF A FACILITY.

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Equivalent of a Graduate Licensed Practical Nurse - a licensed practical nurse, licensed by waiver who successfully passes the proficiency examination approved by the U.S. Department of Health and Human Services shall be considered the equivalent of a licensed practical nurse who is a graduate of an approved school of practical nursing for the purposes of these standards.

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## Section 350.330(b) (continued)

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Community Living - a place of residence as limited in these standards for between five (5) and eighty (80) ambulatory adults who are mildly or moderately mentally retarded with a potential for being absorbed into the mainstream of community life.

Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in these standards is a facility of three (3) or more persons, or distinct part thereof, serving residents of which more than fifty (50) percent are developmentally disabled. Facilities with any number less than fifty (50) percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support and training programs, must comply with the program requirements in these minimum Standards.

FACILITY OR LONG-TERM CARE FACILITY - A PRIVATE HOME, INSTITUTION, BUILDING, RESIDENCE, OR ANY OTHER PLACE, WHETHER OPERATED FOR PROFIT OR NOT, OR A COUNTY HOME FOR THE INFIRM AND CHRONICALLY ILL OPERATED PURSUANT TO "THE COUNTY HOME ACT" (111. Rev. Stat. 1983, ch. 34, par. 53 et seq.), AS NOW OR HEREFTER AMENDED, OR BY A COUNTY PURSUANT TO "AN ACT IN RELATION TO HOMES FOR THE AGED", APPROVED JULY 21, 1959 (111. Rev. Stat. 1983, ch. 34, par. 3561 et seq.) AS NOW OR HEREFTER AMENDED, OR ANY SIMILAR INSTITUTION OPERATED BY A POLITICAL SUBDIVISION OF THE STATE OF ILLINOIS, WHICH PROVIDES, THROUGH ITS OWNERSHIP OR MANAGEMENT, PERSONAL CARE, SHELTERED CARE OR NURSING FOR THREE



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## Section 350.330(b) (continued)

(3) OR MORE PERSONS, NOT RELATED TO THE APPLICANT OR OWNER BY BLOOD OR MARRIAGE. IT INCLUDES SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES AS THOSE TERMS ARE DEFINED IN TITLE XVIII AND TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT (42 U.S.C.A. 1395 et seq. and 1936 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building. "FACILITY" DOES NOT INCLUDE THE FOLLOWING:

A HOME, INSTITUTION, OR OTHER PLACE OPERATED BY THE FEDERAL GOVERNMENT OR AGENCY THEREOF, OR BY THE STATE OF ILLINOIS;

A HOSPITAL, SANITARIUM, OR OTHER INSTITUTION WHOSE PRINCIPAL ACTIVITY OR BUSINESS IS THE DIAGNOSIS, CARE, AND TREATMENT OF HUMAN ILLNESS THROUGH THE MAINTENANCE AND OPERATION OF ORGANIZED FACILITIES THEREFOR, WHICH IS REQUIRED TO BE LICENSED UNDER THE "HOSPITAL LICENSING ACT" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 142 et seq.) AS NOW OR HEREFTER AMENDED; OR

ANY "FACILITY FOR CHILD CARE" AS DEFINED IN THE "CHILD CARE ACT OF 1969" (Ill. Rev. Stat. 1983, ch. 23, par. 2211 et seq.) AS NOW OR HEREFTER AMENDED.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two (2) month period of time.

Full-time - means on duty a minimum of thirty-six (36) hours, four (4) days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term

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objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

GUARDIAN - A PERSON APPOINTED AS A GUARDIAN OF THE PERSON OR GUARDIAN OF THE ESTATE, OR BOTH, OF A RESIDENT UNDER THE "PROBATE ACT OF 1975" (Ill. Rev. Stat. 1983, ch. 110 1/2, par. 1-1 et seq.) AS NOW OR HEREFTER AMENDED.

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not for profit corporation incorporated under, or qualified as a foreign corporation under, the "General Not For Profit Corporation Act" approved July 17, 1943, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 32, par. 163a et seq.); or, by a county pursuant to "An Act in relation to homes for the aged", approved July 21, 1959, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 34, par. 3561 et seq.); or, pursuant to a trust or endowment established for nonprofit, charitable purposes, and which provides maintenance, personal care, nursing or sheltered care to three (3) or more residents, ninety percent of whom are sixty (60) or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

House Manager - a qualified person on duty forty (40) hours a week managing the Community Living Facility and responsible for its operation and its inhabitants.

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Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in these regulations means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1967 Edition).

Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF/DD's) at least one member of the team shall be a Qualified Mental Retardation Professional.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the "Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, Pars. 3601 et seq.), as now or hereafter amended.

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

LICENSEE - THE PERSON OR ENTITY LICENSED TO OPERATE THE FACILITY AS PROVIDED UNDER THE ACT.

LIFE-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

MAINTENANCE - FOOD, SHELTER, AND LAUNDRY SERVICES.

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician. Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social

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adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.

Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

Mobile Resident - any resident who is able to move about either independently or with the aid of assistive devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

MONITOR - A QUALIFIED PERSON PLACED IN A FACILITY BY THE DEPARTMENT TO OBSERVE OPERATIONS OF THE FACILITY, ASSIST THE FACILITY BY ADVISING IT ON HOW TO COMPLY WITH THE STATE REGULATIONS, AND WHO REPORTS PERIODICALLY TO THE DEPARTMENT ON THE OPERATIONS OF THE FACILITY.

NEGLECT - A FAILURE IN A FACILITY TO PROVIDE ADEQUATE MEDICAL OR PERSONAL CARE OR MAINTENANCE, WHICH FAILURE RESULTS IN PHYSICAL OR MENTAL INJURY TO A RESIDENT OR IN THE DETERIORATION OF A RESIDENT'S PHYSICAL OR MENTAL CONDITION.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care



## Section 350.330(b) (continued)

facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

NURSE - A REGISTERED NURSE OR A LICENSED PRACTICAL NURSE AS DEFINED IN "THE ILLINOIS NURSING ACT" (Ill. Rev. Stat. 1983, ch. 111, par. 3401 et seq.) AS NOW OR HEREAFTER AMENDED.

Nursing Assistant - Any person who provides nursing care and/or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable distinct part of a facility consisting of all the beds within the distinct part, but having no more than seventy-five (75) beds, none of which are more than one-hundred twenty (120) feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Registration and Education as an occupational therapist under the Illinois Occupational

## Section 350.330(b) (continued)

Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Occupational Therapy Assistant - a person who is registered with the Department of Registration and Education as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 11, par. 3701 et seq.).

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant

Oversight - general watchfulness and appropriate action to meet the total needs of the residents, exclusive of nursing or personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

OWNER - THE INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION OR OTHER PERSON WHO OWNS A FACILITY. IN THE EVENT A FACILITY IS OPERATED BY A PERSON WHO LEASES THE PHYSICAL PLANT, WHICH IS OWNED BY ANOTHER PERSON, "OWNER" MEANS THE PERSON WHO OPERATES THE FACILITY, EXCEPT THAT IF THE PERSON WHO OWNS THE PHYSICAL PLANT IS AN AFFILIATE OF THE PERSON WHO OPERATES THE FACILITY AND HAS SIGNIFICANT CONTROL OVER THE DAY-TO-DAY OPERATIONS OF THE FACILITY, THE PERSON WHO OWNS THE PHYSICAL PLANT SHALL INCUR JOINTLY AND SEVERALLY WITH THE OWNER ALL LIABILITIES IMPOSED ON AN OWNER UNDER THE ACT.

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever. Person in Need of Mental Treatment - any person who is mentally ill and who, because of his illness, is reasonably expected to inflict serious physical harm upon himself or another in the near future or is unable to provide for his basic physical needs so as to guard himself from serious harm.

PERSONAL CARE - ASSISTANCE WITH MEALS, DRESSING, MOVEMENT, BATHING, OR OTHER PERSONAL NEEDS, OR GENERAL SUPERVISION AND OVERSIGHT OF THE PHYSICAL AND MENTAL WELL-BEING OF AN INDIVIDUAL, EXCLUSIVE OF NURSING, WHO BECAUSE OF AGE, PHYSICAL OR MENTAL DISABILITY, EMOTIONAL OR BEHAVIOR DISORDER, OR MENTAL RETARDATION IS INCAPABLE OF MAINTAINING A PRIVATE, INDEPENDENT



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RESIDENCE, OR WHO IS INCAPABLE OF MANAGING HIS PERSON WHETHER OR NOT A GUARDIAN HAS BEEN APPOINTED.

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 4002 et seq.).

Physical Therapy Assistant - a person who has graduated from a two (2) year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the Department of Registration and Education as a physical therapist under the Illinois Physical Therapy License Act (Ill. Rev. Stat. 1983, ch. 111 par. 4201 et seq.).

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the "Medical Practice Act" (Ill. Rev. Stat. 1983, ch. 111, par. 4401 et seq.).

Probationary License - an initial license issued for a period of one hundred twenty (120) days during which time the Department will determine the qualifications of the applicant.

Program Coordinator - a qualified person directly responsible for the overall program, operation and management of a Community Living Facility.

Psychiatrist - a physician who has had at least three (3) years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is registered with the Illinois Department of Registration and Education to practice clinical psychology.

Qualified Mental Retardation Professional - a person who is:

an educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded.

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a physical or occupational therapist who has specialized training or one (1) year of experience in treating the mentally retarded.

a physician licensed by the State of Illinois to practice medicine or osteopathy and with specialized training or one (1) year of experience in treating the mentally retarded.

a psychologist with at least a Master's Degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded.

a registered nurse with a valid current Illinois registration to practice as a registered professional nurse who has specialized training or one (1) year of experience in treating the mentally retarded.

a speech pathologist or audiologist who has specialized training or one (1) year of experience in treating the mentally retarded.

a registered social worker with a Bachelor's Degree in social work from an accredited program, or a Bachelor's Degree in a field other than social work and at least three (3) years social work experience under the supervision of a qualified social worker, and with specialized training or with one (1) year of experience in working with the mentally retarded.

a therapeutic recreation specialist who is a graduate of an accredited program and eligible for certification by the National Council for Therapeutic Recreation Certification, and who has specialized training or one (1) year experience working with the mentally retarded.

a rehabilitation counselor who is certified by the Commission on Rehabilitation Counselor Certification and who has specialized training or one (1) year of experience in treating the mentally retarded.

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed,

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registered, certified, etc. by the State of Illinois, if required.

REASONABLE VISITING HOURS - ANY TIME BETWEEN THE HOURS OF 10 A.M. AND 8 P.M. DAILY.

Registered Nurse - a person with a valid Illinois registration to practice as a registered professional nurse.

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two (2) or more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

RESIDENT - PERSON RESIDING IN AND RECEIVING PERSONAL CARE FROM A FACILITY.

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

RESIDENT'S REPRESENTATIVE - A PERSON OTHER THAN THE OWNER, OR AN AGENT OR EMPLOYEE OF A FACILITY NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED.

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - the application of a device to limit movements.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with

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glass or hinged doors.

Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric and/or adaptive chairs, a wide band (minimum width six (6) inches), vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's self.

Satisfactory - same as adequate

Seclusion - the retention of a resident in a room which he cannot open.

Self Preservation - the ability to follow directions and/or recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

SHELTERED CARE - MAINTENANCE AND PERSONAL CARE.

Social Worker, Qualified - a person who:

is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and has one (1) year of social work experience in a health care setting.

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

Stockholder of a corporation - any person who, directly or indirectly, beneficially owns, holds or has the power to vote, at least 5% of any class of securities issued by the corporation

Story - when used in these regulations means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall

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be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

Student Intern - means any person whose total term of employment in any facility during any 12-month period is equal to or less than 90 continuous days, and whose term of employment is either:

- an academic credit requirement in a high school or undergraduate institution, or
- immediately succeeds a full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution, provided that such person is registered for another full quarter, semester or trimester of academic enrollment in either a high school or undergraduate institution which quarter, semester or trimester will commence immediately following the term of employment.

Substantial - meeting requirements except for variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 350.280(q)(8), 350.280(k)(2) and 350.280(k)(4).

Substantial failure - the failure to meet requirements other than a variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 350.180(b)(1) and 350.260(f).

Sufficient - Same as adequate

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor must be on the premises if the person does not meet assistant level (two (2) year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for

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classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

TITLE XVIII - TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED.

TITLE XIX - TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED.

TRANSFER - A CHANGE IN STATUS OF A RESIDENT'S LIVING ARRANGEMENTS FROM ONE FACILITY TO ANOTHER FACILITY.

TYPE A VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM TO A RESIDENT WILL RESULT THEREFROM.

TYPE B VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.

Type-C-Violation---a-violation-of-the-Act-or-of-the-Rules promulgated-thereunder-which-creates-a-condition-or-occurrence relating-to-the-operation-and-maintenance-of-a-facility-which indirectly-threatens-the-health,-safety-or-welfare-of-a resident.

Unit - an entire physically identifiable residence area, in Community Living Facilities consisting of not less than five (5) nor more than twenty (20) beds, and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective regulations governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Utensil Sanitizer - an apparatus for sanitizing unwrapped bulky



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type utensils by using boiling water and steam heat not under pressure.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Emergency amendment at 12 Ill. Reg. 18703 effective October 24, 1988, for a maximum of 150 days)

Section 350.510 Administrator  
EMERGENCY

- a) There shall be an administrator licensed under the "Illinois Nursing Home Administrators Licensing Act" (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five (5) days. (6)
- b) The administrator shall delegate in writing adequate authority to a person at least eighteen (18) years of age who is capable of acting in an emergency during his absence. Such administrative assignment shall not interfere with resident care and supervision. The administrator or the person designated by him/her to be in charge of the facility in his/her absence, shall be deemed by the Department to be the agent of the licensee for the purposes of Section 3-212 of the Nursing Home Care Reform Act, which requires Department staff to provide the licensee with a copy of their report before leaving the facility. (B5-6)
- c) The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects. (6)
- d) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council. (6)
- e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. (A, B5-6)
- f) If the facility has an assistant administrator, the Department shall

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be informed of the name and dates of employment and termination of this person. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.610 Management Policies  
EMERGENCY

- a) The facility's governing body shall exercise general direction of the facility, and shall establish the broad policies and procedures for the facility related to its purpose, objectives, operation, and the welfare of the residents served. (6)
  - b) There shall be established a table of organization showing the major operating programs of the facility, with staff divisions, the administrative personnel in charge of programs and divisions, and their lines of authority, responsibilities and communication. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.620 Resident Care Policies  
EMERGENCY

- a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. (B5-6)
- b) These policies shall include:
  - 1) A written statement of the philosophy, objectives and goals the facility is striving to achieve, (6)
  - 2) A written statement linking the facility's role to the "State Plan for the Developmentally Disabled," as prepared by and available from the Governor's Planning Council for Developmental Disabilities, (6)

Section 350.620(b) (continued)

- 3) A written statement of the facility's goals for its residents, (6)
- 4) A written statement of the facility's concept of its relationship to the parents of its residents or to the surrogates, (6)
- 5) A written statement concerning admission, transfer, and discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, etc., (6)
- 6) A written statement for resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, resident records, dental services, and diagnostic service (including laboratory and x-ray), (B5-6)
- 7) All the information contained in the policies shall be available to consumer representatives, the public, staff, residents, and for review by Department personnel. (6)

- c) The facility shall have a written agreement with one or more hospitals which indicates the hospital or hospitals will provide the following services: (6)

- 1) Emergency admissions. (6)
- 2) Admission to a hospital of residents from the facility who are in need of hospital care. (6)
- 3) Needed diagnostic services. (6)
- 4) Any other hospital based services needed by the resident. (6)
- d) There shall be no post mortems performed in the facility. (6)
- e) There shall be no blood transfusions performed in the facility. (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.630 Admission and Discharge Policies

EMERGENCY

- a) Residents shall only be admitted who have had a comprehensive evaluation covering physical, emotional, social and cognitive factors, conducted by an appropriately constituted, interdisciplinary team. (B5-6)
- b) No resident determined by professional evaluation to be in need of skilled level of nursing care shall be admitted to, or kept in, an Intermediate Care Facility, and/or Intermediate Care Facility for the Developmentally Disabled, or any distinct part of the facility designated and classified for intermediate care for the developmentally disabled. (B5-6)
- c) Each facility shall have a policy concerning the admission of persons needing prenatal and/or maternity care, and a policy concerning the keeping of such persons who become pregnant while they are residents of the facility. If these policies permit such persons to be admitted to, or kept in the facility, then the facility shall have a policy concerning the provision of adequate and appropriate prenatal and maternity care to such individuals from in house and/or outside resources. (6)
- d) No resident shall be admitted to, or kept in, the facility who is dangerous to himself, or others. (B5-6)
- e) A facility for infants and children under eighteen (18) years of age shall be used exclusively for children. (6)  

Persons under eighteen (18) years of age may not be cared for in a facility for adults without prior approval from the Department. Such approval will be granted only when it is the best possible placement for the person under the particular set of circumstances. (6)
- f) A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident himself or, if incompetent, by the resident's guardian. (6)
- g) If a resident insists on and is discharged against the advice of a physician or a Qualified Mental Retardation Professional, the facts involved in the situation shall be fully documented in his or her clinical record. (6)
- h) No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall

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## Section 350.630(h) (continued)

be in accordance with Sections 3-401 - 3-423 of the Act. {6}

- i) No resident shall be admitted with a communicable, contagious or infectious disease as set forth in Sections 350.1220(j) through (k). (A, B<sub>5</sub>-6)
- j) A facility shall not admit more residents than the number authorized by the license issued to it. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.640 Contract Between Resident and Facility

EMERGENCY

- a) 1) BEFORE A PERSON IS ADMITTED TO A FACILITY, OR AT THE EXPIRATION OF THE PERIOD OF PREVIOUS CONTRACT, OR WHEN THE SOURCE OF PAYMENT FOR THE RESIDENT'S CARE CHANGES FROM PRIVATE TO PUBLIC FUNDS OR FROM PUBLIC TO PRIVATE FUNDS, A WRITTEN CONTRACT SHALL BE EXECUTED BETWEEN A LICENSEE AND THE FOLLOWING IN ORDER OF PRIORITY:

- A) THE PERSON, OR IF THE PERSON IS A MINOR, HIS PARENT OR GUARDIAN; OR
- B) THE PERSON'S GUARDIAN, IF ANY, OR AGENT, IF ANY, AS DEFINED IN SECTION 11a-23 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREFTER AMENDED; OR
- C) A MEMBER OF THE PERSON'S IMMEDIATE FAMILY.

- 2) AN ADULT PERSON SHALL BE PRESUMED TO HAVE THE CAPACITY TO CONTRACT FOR ADMISSION TO A LONG-TERM CARE FACILITY UNLESS HE HAS BEEN ADJUDICATED A "DISABLED PERSON" WITHIN THE MEANING OF SECTION 11a-2 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREFTER AMENDED, OR UNLESS A PETITION FOR SUCH AN ADJUDICATION IS PENDING IN A CIRCUIT COURT OF ILLINOIS.

- 3) IF THERE IS NO GUARDIAN, AGENT OR MEMBER OF THE PERSON'S IMMEDIATE FAMILY AVAILABLE, ABLE OR WILLING TO EXECUTE THE CONTRACT REQUIRED BY SECTION 2-202 OF THE ACT AND A PHYSICIAN DETERMINES THAT A PERSON IS SO DISABLED AS TO BE UNABLE TO CONSENT TO PLACEMENT IN A FACILITY, OR IF A PERSON HAS ALREADY

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BEEN FOUND TO BE A "DISABLED PERSON", BUT NO ORDER HAS BEEN ENTERED ALLOWING RESIDENTIAL PLACEMENT OF THE PERSON, THAT PERSON MAY BE ADMITTED TO A FACILITY BEFORE THE EXECUTION OF A CONTRACT REQUIRED BY THAT SECTION; PROVIDED THAT A PETITION FOR GUARDIANSHIP OR FOR MODIFICATION OF GUARDIANSHIP IS FILED WITHIN 15 DAYS OF THE PERSON'S ADMISSION TO A FACILITY, AND PROVIDE FURTHER THAT SUCH A CONTRACT IS EXECUTED WITHIN 10 DAYS OF THE DISPOSITION OF THE PETITION.

- 4) NO ADULT SHALL BE ADMITTED TO A FACILITY IF HE OBJECTS, ORALLY OR IN WRITING, TO SUCH ADMISSION, EXCEPT AS OTHERWISE PROVIDED IN CHAPTERS III AND IV OF THE "MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE", AS AMENDED, OR SECTION 11a-14.1 OF THE "PROBATE ACT OF 1975", AS AMENDED.

- 5) If on the effective date of this Part, a person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of the person, within ten (10) days of the effective date of these rules, unless a petition has been filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or a member of the person's immediate family available, able, or willing to execute the contract at that time, then a contract shall be executed within ten (10) days of the disposition of such petition.

- b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)." {6}

- c) A RESIDENT SHALL NOT BE DISCHARGED OR TRANSFERRED AT THE EXPIRATION OF THE TERM OF A CONTRACT, EXCEPT AS PROVIDED IN SECTIONS 3-401 THROUGH 3-423 OF THE ACT. {6}

- d) AT THE TIME OF THE RESIDENT'S ADMISSION TO THE FACILITY, A COPY OF THE CONTRACT SHALL BE GIVEN TO THE RESIDENT, HIS GUARDIAN, IF ANY, AND ANY OTHER PERSON WHO EXECUTED THE CONTRACT. {6}

- e) The contract shall be signed by the licensee or his agent. The title of each person signing the contract for the facility shall be clearly indicated next to each such signature. The nursing home administrator may sign as the agent of the licensee. {6}

- f) The contract shall be signed by, or for, the resident, as described in subsection (a) above. If any person other than the principal



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## Section 350.640(f) (continued)

signatory is to be held individually responsible for payments due under the contract that person shall also sign the contract on a separate signature line labelled "signature of responsible party" or "signature of guarantor." (6)

- g) The contract shall include a definition of "responsible party" or "guarantor" which describes in full the liability incurred by any such person. (6)
- h) A COPY OF THE CONTRACT FOR A RESIDENT WHO IS SUPPORTED BY NONPUBLIC FUNDS OTHER THAN THE RESIDENT'S OWN FUNDS SHALL BE MADE AVAILABLE TO THE PERSON PROVIDING THE FUNDS FOR THE RESIDENT'S SUPPORT. (6)
- i) THE ORIGINAL OR A COPY OF THE CONTRACT SHALL BE MAINTAINED IN THE FACILITY AND BE MADE AVAILABLE UPON REQUEST TO REPRESENTATIVES OF THE DEPARTMENT AND THE DEPARTMENT OF PUBLIC AID. (6)
- j) THE CONTRACT SHALL BE WRITTEN IN CLEAR AND UNAMBIGUOUS LANGUAGE AND SHALL BE PRINTED IN NOT LESS THAN 12 POINT TYPE. (6)
- k) THE CONTRACT SHALL SPECIFY THE TERM OF THE CONTRACT. (6)
- l) THE CONTRACT SHALL SPECIFY THE SERVICES TO BE PROVIDED UNDER THE CONTRACT AND THE CHARGES FOR THE SERVICES.

A PARAGRAPH SHALL ITEMIZE THE SERVICES AND PRODUCTS TO BE PROVIDED BY THE FACILITY AND EXPRESS THE COST OF THE ITEMIZED SERVICES AND PRODUCTS TO BE PROVIDED EITHER IN TERMS OF A DAILY, WEEKLY, MONTHLY OR YEARLY RATE, OR IN TERMS OF A SINGLE FEE. (6)

- m) THE CONTRACT SHALL SPECIFY THE SERVICES THAT MAY BE PROVIDED TO SUPPLEMENT THE CONTRACT AND THE CHARGES FOR THE SERVICES.

- 1) A paragraph shall itemize all services and products offered by the facility or related institutions which are not covered by the rate or fee established above in subsection (1). If a separate rate or fee for any such supplemental service or product can be calculated with definiteness at the time the contract is executed then such additional cost shall be specified in the contract. (6)
- 2) If the cost of any itemized service or product to be provided by the facility or related institutions to the resident cannot be established or predicted with definiteness at the time of the

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## Section 350.640(m)(2) (continued)

resident's admission to the facility or at the time of the execution of the contract, then no cost for that service or product need be stated in the contract. But the contract shall include a statement explaining the resident's liability for such itemized service or product and explaining that the resident will be receiving a bill for such itemized service or product beyond and in addition to any rate or fee set forth in the contract. (6)

- n) THE CONTRACT SHALL SPECIFY THE SOURCES LIABLE FOR PAYMENTS UNDER THE CONTRACT. (6)
- o) THE CONTRACT SHALL SPECIFY THE AMOUNT OF DEPOSIT PAID. Such amount shall be expressed in terms of a precise number of dollars and be clearly designated as a deposit. The contract shall specify when such deposit shall be paid by the resident and the contract shall specify when such deposit shall be returned by the facility. The contract shall specify the conditions (if any) which must be satisfied by the resident before the facility shall return the deposit. Upon the satisfaction of all such conditions the deposit shall be returned to the resident. If the deposit is nonrefundable the contract shall provide express notice of such nonrefundability. (6)
- p) THE CONTRACT SHALL SPECIFY THE RIGHTS, DUTIES AND OBLIGATIONS OF THE RESIDENT, EXCEPT THAT THE SPECIFICATION OF A RESIDENT'S RIGHTS MAY BE FURNISHED ON A SEPARATE DOCUMENT WHICH COMPLIES WITH THE REQUIREMENTS OF SECTION 2-211 OF THE ACT. (6)
- q) THE CONTRACT SHALL DESIGNATE THE NAME OF THE RESIDENT'S REPRESENTATIVE, IF ANY. THE RESIDENT SHALL PROVIDE THE FACILITY WITH A COPY OF THE WRITTEN AGREEMENT BETWEEN THE RESIDENT AND THE RESIDENT'S REPRESENTATIVE WHICH AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO INSPECT AND COPY THE RESIDENT'S RECORDS AND AUTHORIZES THE RESIDENT'S REPRESENTATIVE TO EXECUTE THE CONTRACT ON BEHALF OF THE RESIDENT REQUIRED BY SECTION 2-202 OF THE ACT. (6)
- r) THE CONTRACT SHALL PROVIDE THAT IF THE RESIDENT IS COMPELLED BY A CHANGE IN PHYSICAL OR MENTAL HEALTH TO LEAVE THE FACILITY, THE CONTRACT AND ALL OBLIGATIONS UNDER IT SHALL TERMINATE ON SEVEN (7) DAYS NOTICE. IT SHALL ALSO PROVIDE THAT IN ALL OTHER SITUATIONS, A RESIDENT MAY TERMINATE THE CONTRACT AND ALL OBLIGATIONS UNDER IT WITH THIRTY (30) DAYS NOTICE. ALL CHARGES SHALL BE PRORATED AS OF THE DATE ON WHICH THE CONTRACT TERMINATES, AND, IF ANY PAYMENTS HAVE BEEN MADE IN ADVANCE, THE EXCESS SHALL BE REFUNDED TO THE RESIDENT. THIS

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## Section 350.640(r) (continued)

PROVISION SHALL NOT APPLY TO LIFE-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE NOR TO CONTINUING-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL AVAILABLE FORMS OF FINANCIAL SUPPORT IN PROVIDING MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE. (6)

s) After July 1, 1982, all facilities which offer to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services, for a term in excess of one year or for life pursuant to a life care contract, shall meet all of the provisions of the "Life Care Facilities Act." (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4160-1 et seq.) as now or hereafter amended, including the obtaining of a permit from the Department, before they may enter into such contracts. (6)

t) IN ADDITION TO ALL OTHER CONTRACT SPECIFICATIONS CONTAINED IN THIS SECTION, ADMISSION CONTRACTS SIGNED OR RENEWED AFTER JULY 1, 1985 SHALL ALSO SPECIFY: (6)

- 1) WHETHER THE FACILITY ACCEPTS MEDICAID CLIENTS;
- 2) WHETHER THE FACILITY REQUIRES A DEPOSIT OF THE RESIDENT OR HIS FAMILY PRIOR TO THE ESTABLISHMENT OF MEDICAID ELIGIBILITY;
- 3) IN THE EVENT THAT A DEPOSIT IS REQUIRED, A CLEAR AND CONCISE STATEMENT OF THE PROCEDURE TO BE FOLLOWED FOR THE RETURN OF SUCH DEPOSIT TO THE RESIDENT OR THE APPROPRIATE FAMILY MEMBER OR GUARDIAN OF THE PERSON;
- 4) THAT ALL DEPOSITS MADE TO A FACILITY BY A RESIDENT, OR ON BEHALF OF A RESIDENT, SHALL BE RETURNED BY THE FACILITY WITHIN 30 DAYS OF THE ESTABLISHMENT OF MEDICAID ELIGIBILITY, UNLESS SUCH DEPOSITS MUST BE DRAWN UPON OR ENCUMBERED IN ACCORDANCE WITH MEDICAID ELIGIBILITY REQUIREMENTS ESTABLISHED BY THE ILLINOIS DEPARTMENT OF PUBLIC AID. (Ill. Rev. Stat. 1985 Supp. ch. 111 1/2, par. 4152-202(j))
- u) IT SHALL BE A BUSINESS OFFENSE FOR A FACILITY TO KNOWINGLY AND INTENTIONALLY BOTH RETAIN A RESIDENT'S DEPOSIT AND ACCEPT MEDICAID PAYMENTS ON BEHALF OF THE RESIDENT. (Ill. Rev. Stat. 1985 Supp. ch. 111 1/2, par. 4152-202(k))

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

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## Section 350.650 Residents' Advisory Council

## EMERGENCY

- a) EACH FACILITY SHALL ESTABLISH A RESIDENT'S ADVISORY COUNCIL CONSISTING OF AT LEAST FIVE (5) RESIDENT MEMBERS. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. THE ADMINISTRATOR SHALL DESIGNATE A MEMBER OF THE FACILITY STAFF OTHER THAN HIMSELF/HERSELF TO COORDINATE THE ESTABLISHMENT OF, AND RENDER ASSISTANCE TO, THE COUNCIL. (6)
- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following: (1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the resident advisory council; (2) the establishment of a separate community advisory group with persons of the residents' choosing; (3) finding a church or civic group to "adopt" the facility; or, (4) the establishment of a family council made up of families and friends of residents who live in the community. (6)
- c) The resident members shall be elected to the council by vote of their fellow residents and the non-resident members shall be elected to the council by vote of the resident members of the council. (6)
- d) In facilities of fifty beds or less, the residents' advisory council may consist of all of the residents of the facility, if the residents choose to operate this way.
- e) All resident advisory councils shall elect at least a Chairperson/President and a Vice Chairperson/Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance. (6)
- f) Some facilities may wish to establish mini-resident advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in 42.05.01.00.
- g) All residents' advisory council meetings shall be open to participation by all residents and/or their representatives. (6)
- h) NO EMPLOYEE OR AFFILIATE OF ANY FACILITY SHALL BE A MEMBER OF ANY



Section 350.650(h) (continued)

COUNCIL. SUCH PERSONS MAY ATTEND TO DISCUSS INTERESTS OR FUNCTIONS OF THE NON-MEMBERS WHEN INVITED BY A MAJORITY OF THE OFFICERS OF THE RESIDENTS' ADVISORY COUNCIL. (6)

i) THE COUNCIL SHALL MEET AT LEAST ONCE EACH MONTH WITH THE STAFF COORDINATOR WHO SHALL PROVIDE ASSISTANCE TO THE COUNCIL IN PREPARING AND DISSEMINATING A REPORT OF EACH MEETING TO ALL RESIDENTS, THE ADMINISTRATOR, AND THE STAFF.

j) Records of the council meetings will be maintained in the office of the administrator. (6)

k) The residents' advisory council may communicate to the administrator the opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions which will strengthen and make recommendations for changes or additions which will strengthen the facility's policies and procedures as they effect residents' rights and facility responsibilities.

l) The council shall be a forum for:

- 1) Obtaining and disseminating information;
- 2) SOLICITING AND ADOPTING RECOMMENDATIONS FOR FACILITY PROGRAMMING AND IMPROVEMENTS;
- 3) EARLY IDENTIFICATION OF PROBLEMS.
- 4) RECOMMENDING ORDERLY RESOLUTION OF PROBLEMS.

m) THE COUNCIL MAY PRESENT COMPLAINTS ON BEHALF OF A RESIDENT TO THE DEPARTMENT, OR TO ANY OTHER PERSON IT CONSIDERS APPROPRIATE.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.660 General Policies  
EMERGENCY

a) The facility shall have policies and procedures, established in writing, that protect the financial interests of residents and when large sums of money accrue to a resident, provide for counseling the

Section 350.660(a) (continued)

resident concerning its use, and for appropriate protection of such money. These policies and procedures shall permit normalized and normalizing possession and use of money by residents for work payment and property administration as, for example, in performing cash and check transactions, and in buying clothes and other items. (6)

b) The facility shall allow daily visiting between 10 A.M. and 8 P.M. (6)

c) Residents occupying any bedroom shall be of the same sex except in the case of a room occupied by husband and wife. (6)

d) There shall be no resident traffic through a resident's room by residents to reach any other area of the building. (6)

e) The facility shall provide for the registration and disposition of complaints without threat of discharge or other reprisal against any employee or resident. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.670 Personnel Policies  
EMERGENCY

a) There shall be written personnel policies which policies are followed in the operation of the facility that shall include, but are not limited to, the following: (6)

- 1) Employment application forms shall be completed for each employee and kept on file in the facility. They shall be available to Department personnel for review. These forms shall contain date of employment, age or birthdate, home address, educational background, past experience including types of employment, where previously employed, type of position employed to fill in this facility, last day employed (if no longer in present facility) and reasons for leaving. (6)

2) In addition to the application form, the individual personnel file shall contain other pertinent personnel data such as health records and evaluation of performance. (6)

3) A) Each employee shall have a physical examination which has



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## Section 350.670(a)(3)(A) (continued)

been conducted within a period of ten (10) days before or after employment and annually thereafter. This shall include findings that permit certification that the employee is free of communicable, contagious or infectious diseases. Additional physical examinations may be requested at the discretion of the Department according to the Rules for the "Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health.

- B) This initial physical exam shall include documentation regarding past or present tuberculosis infection, determined by either a tuberculosis skin test, or a chest x-ray taken within one (1) year prior to or ten (10) days after initial employment.
  - C) Repeat skin tests and/or chest x-rays are not required unless the employee is exposed to a person with tuberculosis in its contagious stage or has signs and symptoms of disease. However, they are highly recommended, especially for persons residing or working in high-risk areas of the State.
  - D) It is also recommended that employees who have been infected with tuberculosis (positive skin reaction) and have not had a full course of chemoprophylaxis or chemotherapy should complete one (1) year of daily INH unless contraindicated because of age or physical condition. Depending on their risk of developing disease, as determined by their physician, employees who have been infected and have not been able to complete a full course of preventive treatment should have a chest x-ray annually. (B<sub>5-6</sub>)
  - 4) An employee diagnosed or suspected of having a contagious or infectious disease shall not be on duty until such time as a written statement is obtained from a physician that the disease is no longer contagious or is found to be noninfectious. (B<sub>5-6</sub>)
- b) General
- 1) All personnel shall have either training or experience, or both, in the job assigned to them. (B<sub>5-6</sub>)
  - 2) All new employees, including student interns, shall complete an

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## Section 350.670(b)(2) (continued)

orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and, understanding and communicating with the type of residents being cared for in the facility, such as geriatric, pediatric, developmentally disabled, etc. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures concerning topics listed in Section 350.620(b)(6) before being assigned to provide direct care to residents. This orientation program shall include material regarding the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.

- 3) Each employee except student interns shall attend in-service training programs covering each of the subjects listed in 42.02-02.06 pertaining to his or her assigned duties at least annually. These in-service training programs shall include material regarding the facility's policies, skill training and ongoing education carried out to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include material concerning prevention and treatment of decubitus ulcers (commonly known as bed sores). In-service training concerning dietary services shall include material concerning effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and personnel attending shall be kept. (B<sub>5-6</sub>)
- 4) No employee shall be assigned duties other than those directly related to his job functions, as identified in his job description, except in emergencies. (6)
- 5) There shall be a plan to provide a program of personnel coverage for regular staff when they are absent. (A, B)
- 6) Every facility shall have a dated weekly employee time schedule posted in a convenient place where employees may refer to it. This shall contain employee's name, job title, shift assignment, hours of work and days off. These shall be kept on file in the

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## Section 350.670(b)(6) (continued)

facility for one (1) year. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.680 Basic Developmental Disabilities (DD) Aide Training Program  
EMERGENCY

a) Each facility shall ensure that all persons employed as Developmental Disabilities (DD) Aides comply with one of the following conditions within 45 days of initial employment: (B-~~C~~)

- 1) Enroll in a 120 hour Department of Public Health approved DD Aide Training Program. Such course shall be successfully completed within 120 days of initial employment;
  - 2) Enroll in a DD Aide Training Program offered by a Community College, which has been approved by both the Community College Board and the Department;
  - 3) Attend a recognized DD Aide Training Program registered with the Department and successfully complete the Department's proficiency examination;
  - 4) Successfully complete the Department's proficiency examination; or
  - 5) Prove exemption from training, by prior work experience as outlined in Section 3-206 of the Act; or successfully complete the Department of Mental Health and Developmental Disabilities Mental Health Technician Training Program as delineated in Executive Order 50.
- b) No person who meets the definition of student intern shall be required to complete a current course of training for DD Aides, or successfully complete the Department's proficiency examination. Interns may be utilized for the more basic DD Aide practices, but will not be allowed to provide rehabilitation nursing, in-bed bathing, assist with skin care, foot care, enemas or any medical procedure except the direct, immediate supervision of a licensed nurse or certified DD Aide. No facility will be allowed to have more than 15% of its DD Aide work force composed of student interns. (B-~~C~~)

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## Section 350.680 (continued)

- c) Aides, Orderlies, Program Aides, Program Technicians, and Habilitation Aides who would otherwise have been exempt from the requirement for a training course except that their service was interrupted because of attending school or college or because of a leave of absence for medical reasons, may qualify for exemption by passing a proficiency examination administered by the Department of Mental Health and Developmental Disabilities or its representative. Applications for such exemptions should include the person's name and address, starting date of employment, place of employment, dates of interrupted service, and reason for interrupted service (if reason is school, last school attended and dates of attendance), and should be sent to the Department of Mental Health and Developmental Disabilities' Regional Office of the region in which the facility is located.

d) Requests to establish equivalency shall be submitted to the Department with accompanying documentation. Equivalency shall be established by any one of the following:

- 1) Documentation of successful completion of a Developmental Disabilities (DD) training course approved by another State as evidenced by a diploma or certificate; (the applicant must document that the course is substantially equivalent to the provisions of Section 350.680(f) of this Part);
- 2) Documentation of successful completion of a nursing arts course in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school;
- 3) Documentation of successful completion of a nurse aide training course approved by the Illinois Board of Education between March 1, 1979 and March 1, 1980, as evidenced by a diploma or certificate; or
- 4) Documentation of one year of employment as an aide or orderly in one facility with an interruption due to sick leave or education leave not exceeding six (6) weeks during the year ending March 1, 1980.

e) Criteria for a State Approved Developmental Disabilities (DD) Aide Training Program are as follows:

- 1) Application Procedures  
The following information must be furnished to the Department of

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## Section 350.680(e)(1) (continued)

Mental Health and Developmental Disabilities at least sixty (60) days in advance of the training program. Each facility providing its own training must apply for individual program approval. Retroactive approval will not be granted.

- 2) Program rationales; i.e., philosophy, purpose, and brief summary that identifies sponsoring agency, and the qualifications of a curriculum coordinator who may be a Qualified Mental Retardation Professional or other person qualified by at least 2 years experience with Developmental Disabilities Programs with the specific approval of the Department of Mental Health and Developmental Disabilities. Instructors qualifications shall meet at least one of the following:

- A) Verification of successful completion of a train the trainer workshop approved by the Department of Mental Health and Developmental Disabilities.
- B) A Qualified Mental Retardation Professional approved as a trainer by the Department of Mental Health and Developmental Disabilities.
- C) At least one (1) year of experience with Developmental Disabilities Programs and approved by the Department of Mental Health and Developmental Disabilities.
- D) Have a valid Illinois teaching certificate; or
- E) Be a Community College approved instructor with at least one year of teaching experience.

3)

- A) For the academic (classroom) component of training, a complete outline including program and course title, behavioral objectives that the learner is expected to know or do, content outline and teaching methods is required.
- B) For the on-the-job-training component of training, a completed itemization of written training tasks (analogous to behavioral objectives) and specified training behaviors that comprise a task (analogous to a content outline) is required.

- 4) Location and scheduled dates of program (including future dates). If programs are cancelled or rescheduled for any

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## Section 350.680(e)(4) (continued)

reason, the Department of Mental Health and Developmental Disabilities must be notified prior to delivery date for purposes of monitoring.

- 5) A copy of the evaluation tool must be included. The evaluation tool must evaluate the objectives, content, on-the-job performance evaluation and instructors.
- 6) Submitted materials will be reviewed by the Department of Mental Health and Developmental Disabilities. The Department of Mental Health and Developmental Disabilities will submit recommendations to the Department. The Department will make the final decision and the program sponsor will be notified of the Department's action. Approval will be based upon compliance with the provisions of this section. If the program is not approved, the reason for this decision will be given in writing to the program sponsor.
- 7) If a program is not approved, the program sponsor may, after making the appropriate modifications, reapply for approval.
- 8) The basic content shall be presented in a minimum time frame of three (3) weeks, but not to exceed a maximum of one hundred twenty (120) days unless it is being done by a recognized educational institution on a term, semester, or trimester basis. Each trainee shall receive one hundred twenty (120) hours of in-service training. A ratio of two (2) hours on-the-job-training to one (1) hour of classroom training including role-playing, case studies, demonstrations, lectures, self-study must be reflected in the one hundred twenty (120) hours minimum of training. The following requirements shall be met for on-the-job training (OJT):
  - A) OJT training tasks shall be identified and written that specify what training behaviors the trainee is required to perform.
  - B) Each task shall have the required steps necessary for successful completion of the task specified in writing.
  - C) OJT task specified behaviors shall be taught by a qualified instructor.
  - D) Evaluation of all OJT tasks shall be by direct observation by the instructor.



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## Section 350.680(e)(8) (continued)

- E) A recording form indicating the date of successful completion of all OJT tasks shall be filled out and kept on file at the facility.
- 9) Term, semester and trimester courses may be submitted by an educational institution. The program must include designated hours for OJT and evidence of agency agreements.
- 10) The approval process is not intended to place special emphasis on the sequence of subject presentation nor to be contingent upon the category of topic headings under which functional subjects are presented.
- 11) Orientation to the specific policies of the employing agency shall be in addition to the one hundred twenty (120) hours of instruction.
- 12) Any change in content, objectives, or instructional staff must be submitted to the Department of Mental Health and Developmental Disabilities for review. Approval of any change will be made in accordance with Section 350.680 (e) (6) of this Part.
- 13) All approved training programs must be reviewed by the Department of Mental Health and Developmental Disabilities on an annual basis for continued approval. The Department of Mental Health and Developmental Disabilities shall notify the Department of continued approval or disapproval. In the review process, reference will be made to the number previously assigned to the program by the Department.

- f) Course Requirements The Basic Training Program for DD Aides shall include, at a minimum:

- 1) Orientation
  - A) Functions of long-term care facilities for the developmentally disabled
  - B) The health care professions, support services for the developmentally disabled and community social service agencies
  - C) Philosophy of residential care

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- D) Role of the interdisciplinary team
- E) Job duties and responsibilities of the DD Aide
- 2) Introduction to the Residents
  - A) Communication and interpersonal relationships with residents, families and others
  - B) Psychosocial needs of residents and their family
  - C) The growth and development process
  - D) Characteristics and types of developmental disabilities
  - E) Resident's adjustment to death and dying
- 3) Fundamentals of Habilitation Planning
  - A) Philosophy of achieving independent living skills
  - B) Introduction to the individual habilitation plan including the role of the employee in the habilitation process
  - C) Habilitation plan assessment procedures and goal planning
  - D) The role of the employee in the admission, transfer and discharge processes
  - E) The role of the employee in basic resident care planning and procedures
- 4) Techniques of Habilitation Planning and Implementation The role of the employee in social habilitation, including:
  - A) Activities of daily living (ADL)
  - B) Therapeutic and leisure time activities
  - C) Education
  - D) Community living adjustment
  - E) Behavior development

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## Section 350.680(f)(4) (continued)

- F) Behavior control
- G) Effect of drugs in behavior management
- H) Total communication
- I) Pre-vocational and vocational training
- J) Nutrition and fluid intake
- K) Diets and therapeutic diets
- 5) Principles of Record Keeping
  - A) History and use of facility records with special emphasis on the role of the employee in the record keeping process
  - B) Content and organization of resident records
  - C) Recording methods for progress notes, universal notes, ADC notes and habilitation reviews
  - D) Writing effective progress notes
  - E) Confidentiality
  - F) Recording admission, transfer and discharge information
- 6) Safety
  - A) Basic fire safety
  - B) Emergency and disaster procedures
  - C) Injury prevention techniques
  - D) Household daily safety procedures including body mechanics
- 7) Facility Environment
  - A) Creating normalized environment for daily living activities
  - B) Importance of cleanliness of the facility, use of equipment and supplies

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## Section 350.680(f) (continued)

- 8) Principles of Disease Control
  - A) Introduction to micro-organisms causing resident illness and disease
  - B) Teaching of disinfection and sanitation
- 9) Emergency Medical Procedures
  - A) CPR
  - B) Seizures
  - C) Drug reactions
  - D) Traumas
  - E) Heimlich maneuver
- 10) Resident Rights
  - A) Basic civil, human and legal rights of residents
  - B) Protection of residents personal property
- 11) Bodily Functions
  - A) Helping residents to understand their body functions
  - B) Personal hygiene
  - C) Human sexual behavior
- g) Evaluation
 

Upon successful completion of the Basic Developmental Disabilities (DD) Aide training program, the student must show competency of nursing, personal care and rehabilitative skills by return demonstration as well as pass a written examination encompassing theory and skills taught.
- h) Monitoring
 

The Department shall on a random basis monitor the training program. If a monitor finds the training to be inadequate relative to the materials submitted to the Department's Review Committee, a program approval may be rescinded.

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i) Certificates

- 1) Proof of successful completion of the approved program necessitates the sponsoring organization to award certificates to the trainees. Certificates must be sent to the Department where they will be validated. A list of names, with Social Security numbers, course completion date, and program approval number, must accompany submitted certificates. The Department will return the certificates to the sponsor(s) for distribution.
- 2) The following minimum information must be typed on the certificates before they are sent to the Department for validation:
  - A) Name of the trainee and Social Security number.
  - B) Title: Basic Developmental Disabilities (DD) Aide Training Program.
  - C) Identification number of the program assigned by the Department.

- 3) "certification" of the DD aide by the State. It only indicates that the person has successfully completed the Basic Developmental Disabilities (DD) Aide training program and can be employed by licensed long-term care facilities as a DD Aide.

- j) Application for approval of programs  
Requests for approval of programs and other related correspondence are to be submitted to:

Illinois Department of Public Health  
Office of Health Regulation  
525 West Jefferson Street  
Springfield, Illinois 62761

It will not be necessary for any course, currently approved under criteria in effect at the time these revised criteria for Basic Developmental Disabilities (DD) Aide training programs become effective, to make any changes in program content until such time as a review by the Department indicates the revisions to the program content are needed to keep the program in compliance with the rules. Any program determined to need changes will be notified, in writing, by the Department. Unless and until such written notification is

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received, there is no need to contact the Department concerning continued approval of a program.

k) Recognized Training Program

- 1) Any licensed long-term care facility may teach a recognized training program for DD Aides which can be individualized for each employee and can be taught by any person or persons in the facility.
- 2) Any DD Aide who attends a recognized training program must successfully pass the Department's proficiency examination before being permitted to function as a DD Aide.
- 3) Recognized training programs shall be registered with the Department by letter, and must state that, as a minimum, the course content in subsection d) will be taught in whole or in part, give the name of the instructor and give notice that the program is operational.
- 4) Recognized training programs must, as a minimum, provide all or part of the course content of an approved Department training program (see subsection d), above).
- 1) Proficiency Examination for DD Aide
  - 1) Any person employed as a DD Aide, may elect and request to take a proficiency examination in lieu of a course of training as required under Section 3-206 (a) (5) of the Act.
  - 2) The person must meet the requirements of Section 3-206 (a) (1-4) of the Act and be or will be employed as a DD Aide.
  - 3) A completed application must be presented at the time of the examination on forms provided by the Department.
  - 4) The proficiency examination will be offered monthly in each of the Department's Regions. A list of test sites, dates and times can be obtained by calling the Department at (217) 785-5133.
  - 5) The examination will consist of written questions from the approved curriculum (see subsection d, above). An examinee must score 70% or more on each section in order to successfully pass the examination. Notice of Pass or Fail will be sent to the examinee and the employer. Only those sections previously



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failed must be retaken during subsequent attempts to pass the entire proficiency examination.

- 6) An examinee who fails the proficiency examination three (3) times within the first one hundred twenty (120) days of employment must enroll in and complete an approved course of instruction in order to become a DD Aide, in accordance with Section 3-206 of the Act.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.690 Disaster Preparedness  
EMERGENCY

- a) Each facility shall have policies covering disaster preparedness including a written plan for staff and residents to follow in case of fire, explosion, severe weather, or other hazardous circumstances and emergencies. The plan shall be rehearsed at least twice a year for each shift. The plan shall include, but is not limited to, the following: (B<sub>5-6</sub>)

- 1) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B<sub>5-6</sub>)
- 2) A written plan of evacuation shall be posted, and made familiar to all personnel employed on the premises. {6}
- 3) Each facility must conduct at least four (4) fire drills annually on each shift (12). At least one (1) of these drills on each shift must include actual evacuation of residents to safe areas. The local fire authorities should be requested to assist periodically in these drills. {6}

- b) 1) Upon the occurrence of any emergency or disaster requiring hospital service, police, fire department or coroner, the facility administrator or their designee must provide a preliminary report to the Department utilizing either the nursing home hotline or by contacting directly the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:

- A) Name and location of facility;

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## Section 350.690(b)(1) (continued)

- B) type of emergency;
- C) number of injuries or deaths to residents;
- D) number of beds not usable due to the event;
- E) estimate of the extent of damages to the facility;
- F) type of assistance needed, if any;
- G) other state or local agencies notified about the problem.

- 2) If the emergency will not require direct Departmental assistance, the facility shall provide the preliminary report within 24 hours of the incident. Additionally, the Department shall receive a full written account within seven (7) days of the incident which includes the information specified in (A) through (G) above and a statement of action taken by the facility after the preliminary report. {6}

- c) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents whenever the temperature and relative humidity inside the residents living, dining, activities or sleeping areas of the facility are equal to or exceed the upper or lower limit lines (the solid lines) of the chart, 'Zones of Physiological Perception, displayed in Table F: Disaster Preparedness Parameters -- Relative Humidity and Temperature. (A, B<sub>5-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.700 Serious Incidents and Accidents  
EMERGENCY

- a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department. {6}

- 1) Notification shall be made by a phone call to the Regional Office within twenty-four (24) hours of each serious incident or

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## Section 350.700(a)(1) (continued)

- accident. If the facility is unable to contact the Regional Office, notification shall be made by a phone call to the Department's toll-free complaint registry number. {6}
- 2) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven (7) days of the occurrence. {6}
- b) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurses' notes for each resident involved. {6}
- c) The facility shall maintain a file of all written reports of serious incidents or accidents involving residents. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.810 Personnel  
EMERGENCY

- a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. At a minimum, there shall be at least one (1) staff member awake dressed and on duty each of the three (3) eight (8) hour shifts each day. (A, B<sub>7</sub>-6)
- b) Regardless of the organization or design of resident living units, the minimum direct care staff-resident ratios are as follows:
- 1) For units including (a) children under the age of six (6) years, (b) severely and profoundly retarded, (c) severely physically handicapped, and (d) residents who are aggressive, assaultive, or security risks, or (e) who manifest severely hyperactive or psychotic like behavior, the staff/resident ratio shall be 2.5 hours of care per day per resident.
  - 2) For units serving moderately retarded residents requiring habit training, the ratio shall be 2.0 hours of care per day per resident.
  - 3) For units serving residents in vocational training programs and adults who work in sheltered employment situations the staff-resident ratio shall be one (1) hour of care per resident

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## Section 350.810(b)(3) (continued)

per day.

- 4) Direct care staff includes licensed nurses, auxiliary personnel, qualified mental retardation professionals, and habilitation aides. The health services supervisor is not included in determining the ratio.
- c) The number and categories of personnel to be provided shall be based on the following:
- 1) Number of residents.
  - 2) Amount and kind of program content, supervision, and personal care needed to meet the particular needs of the residents at all times.
  - 3) Size, physical condition, and the layout of the building including proximity of service areas to the resident's rooms.
  - 4) Medical orders
- d) The facility shall provide an administrator as set forth in Subpart D. (B)
- e) The facility shall provide a Resident Services Director who is a Qualified Mental Retardation Professional as defined in 40, Section 350.330, who is assigned responsibility for the coordination and monitoring of the residents overall plan of care. The administrator or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care. (B<sub>7</sub>-6)
- f) The facility shall provide activity personnel as set forth in Section 350.1050(c) (B<sub>7</sub>-6)
- g) The facility shall provide dietary personnel as set forth in Section 350.1810 through 350.1820. (B<sub>7</sub>-6)
- h) The facility shall designate a staff member suited by training and-or experience to be responsible for social services and for the integration of social services with other elements of the plan of

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care. (B<sub>5</sub>-6)

- i) The facility shall provide nursing personnel as set forth in Subpart Fahrenheit (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.820 Consultation Services

EMERGENCY

- a) The facility shall have all arrangements for each consultant's services in a written agreement setting forth the services to be provided. These agreements shall be updated annually. (6)

- b) The facility shall designate a staff member to provide social services to residents. If the staff member designated to provide social services is not a qualified social worker, the facility shall have an effective arrangement with a qualified social worker to provide social services consultation. (6)

- 1) A qualified social worker is one who:

- A) is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and

- B) is a graduate of a school of social work which has been approved by the Council on Social Work Education (Some schools are approved for Bachelors Degree programs and others for Masters Degree); and

- C) has one (1) year of social work experience in a health care setting.

- c) The facility shall designate a staff member to be the director of the activities program. If this person is not a Registered Occupational Therapist, a Therapeutic Recreation Specialist, or a Qualified Social Worker, the facility shall have a written agreement made with a person from one of those disciplines, to provide consultation to the Activity Director and shall assure the programming meets the needs of the residents. (6)

- d) If the supervisor of health services is not a nurse currently

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registered to practice as a registered professional nurse in Illinois, arrangements shall be made for consultation from a person so qualified. The consultant shall assist with the development of policies, methods, and procedures relating to the medical program and in-service training for all aspects of personal and nursing care. The consultant shall give this consultation in the facility not less than four (4) hours each week. (6)

- e) The facility shall make arrangements for a consultant pharmacist as set forth in Section 350.410(a) and (c). (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.830 Personnel Policies

EMERGENCY

The personnel policies required in Section 350.670 shall be followed in the operation of the facility. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.1010 Service Programs

EMERGENCY

The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all resident living services, training and guidance necessary in the activities of daily living and in the development of self-help skills for maximum independence. These services shall consist of at a minimum the following: (B<sub>5</sub>-6)

- a) Psychological Services (as defined in Section 350.1020) (B<sub>5</sub>-6)
- b) Social Services (as defined in Section 350.1030) (B<sub>5</sub>-6)
- c) Speech Pathology and Audiology Services (as defined in Section 350.1040) (B<sub>5</sub>-6)
- d) Organized Recreational Activities Services (as defined in Section 350.1050) (B<sub>5</sub>-6)



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## Section 350.1010 (continued)

- e) Training and Habilitation Services (as defined in Section 350.1060) (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1020 Psychological Services  
EMERGENCY

- a) Psychological services shall be provided to residents, directly through contact with psychologists and indirectly through the psychologists' consultation with other persons involved in psychological testing of and/or behavior modification of residents. (B5-6)
- b) Psychologists shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents for the purpose of initiating and monitoring individual habilitation programs. (6)
- c) The psychologist shall report and disseminate the evaluation results in such a manner that the information, useful to the staff working with the resident, will be promptly provided and that confidentiality will be maintained. (6)
- d) Psychologists shall participate, when appropriate, in the development of written, detailed, specific and individualized habilitation program plans, that provide for periodic review, follow-up and updating and that are designed to maximize each resident's development and acquisition of: (6)

- 1) Perceptual skills (6)
- 2) Sensorimotor skills (6)
- 3) Self-help skills (6)
- 4) Communication skills (6)
- 5) Social skills (6)
- 6) Self direction (6)
- 7) Emotional stability (6)

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- 8) Effective use of time (including leisure time) (6)
- e) The facility shall employ sufficient, appropriately qualified staff, and necessary supporting personnel, to carry out the various psychological service activities in accordance with the needs of the following functions: (B5-6)

- 1) Psychological services to residents including evaluation, consultation, therapy, and program development (6)
- 2) Administration and supervision of psychological services (6)
- 3) Staff training (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1030 Social Services  
EMERGENCY

- a) Social services, as part of an interdisciplinary spectrum of services, shall be provided to the residents through the use of social work methods directed toward: (B5-6)
- 1) Maximizing the social functioning of each resident. (6)
  - 2) Enhancing the coping capacity of the resident or his family. (6)
  - 3) Asserting and safeguarding the human and civil rights of the developmentally disabled and their families, and fostering the human dignity and personal worth of each resident. (6)
- b) The resident and his family shall be helped by social workers during the evaluation process, which may or may not lead to admission, to consider alternative services, based on the developmentally disabled person's status and salient family and community factors, and to make a responsible choice as to whether and when residential placement is indicated. (6)
- c) Social workers shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual residents for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs. (6)

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## Section 350.1030 (continued)

## Section 350.1040(a) (continued)

d) As appropriate during the developmentally disabled person's admission to and while receiving services in the facility, the social worker shall provide liaison between him, the facility, the family, and the community, so as to help the staff to: (6)

- needs of the residents through the following: (B5-6)
- 1) Direct contact between speech pathologists, audiologists and residents. (6)
  - 2) Working with other personnel, such as teachers and direct care staff, in implementing communication improvement programs. (6)

- 1) Individualize and understand the needs of the resident and his family in relation to each other. (6)
- 2) Understand social factors, including staff/resident relationships, in the resident's day-to-day behavior. (6)
- 3) Prepare the resident for changes in his living situation. (6)

b) Speech pathology and audiology services available to the facility shall include the following:

- e) Social workers shall help the family to develop constructive and personally meaningful ways to support the resident's experience in the facility through: (6)
    - 1) Collateral counseling concerned with problems associated with changes in family structure and functioning. (6)
    - 2) Referral to specific services, as appropriate. (6)
    - 3) Help the family to participate in planning for the resident's return to home or other community placement. (6)
  - f) The facility shall employ sufficient, appropriately qualified staff, and necessary supporting personnel to carry out the various social service activities to meet the program needs of the residents. (B5-6)
    - 1) Social worker services to the residents shall be provided or supervised by a qualified social worker. (B5-6)
    - 2) Social work assistants or aides employed by the facility shall work under the supervision of a social worker having the qualifications specified in Section 350.1030(f)(1). (B5-6)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1040 Speech Pathology and Audiology Services  
EMERGENCY

- a) Speech pathology and audiology services shall be provided to meet the

A) Direct counseling with residents. (6)

B) Consultation with appropriate staff for speech improvement and speech education activities. (6)

C) Collaboration with appropriate staff to develop specialize programs for developing the communication skills of individuals in comprehension (for example, speech, reading

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## Section 350.1040(b)(7)(C) (continued)

auditory training, and hearing aid utilization) as well as expression (for example, improvement in articulation, voice, rhythm, and language). {6}

- 8) Participation in inservice programs for direct care and other staff. {6}
- 9) Report evaluation and assessment results accurately and systematically, and in such manner as to, where appropriate, provide information useful to other staff working directly with the resident and to provide evaluative and summary reports for inclusion in the resident's unit record. {6}
- 10) Continuing observations of treatment progress shall be recorded accurately, summarized, communicated and utilized in evaluating progress. {6}
- c) There shall be provided sufficient, appropriately qualified staff, and necessary supporting personnel, to carry out the various speech pathology and audiology services, in accordance with stated goals and objectives. (B5-6)
- d) Staff who assume independent responsibilities for clinical services shall meet the requirements as defined in Section 350.330. (B5-6)
- e) Adequate, direct and continuing supervision shall be provided personnel, volunteers, or supportive personnel utilized in providing clinical services. {6}
- f) Space, facilities, equipment, and supplies shall be adequate for providing efficient and effective speech pathology and audiology services. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1050 Recreational and Activities Services  
EMERGENCY

- a) Recreational and activity services shall be coordinated with other services and programs provided the residents, in order to make fullest possible use of the facility's resources and to maximize benefits to the residents. {6}
- b) There shall be a specific planned program of group and individual

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## Section 350.1050(b) (continued)

activities designed to encourage restoration to self-care and maintenance of normal activity which is geared to the individual resident's needs. Activities shall be available daily and for a reasonable amount of time. Residents shall be given an opportunity to contribute to planning, preparation, conducting, cleanup, and critique of the program. (B5-6)

- c) There shall be a trained staff person responsible for planning and directing the activities program. This person shall be on duty for a sufficient amount of time to provide a program that meets the residents' needs and interests. Additional activity personnel shall be provided as necessary to meet the needs of the residents and the program. (B5-6)
- d) There shall be written permission, with any contraindications stated, given by the resident's physician for the resident to participate in the activity program. Standing orders will be acceptable with individual contraindications noted. (B5-6)
- e) The recreation activity program shall include, but is not limited to, the following program areas:
  - 1) Recreational activities (examples: games, both quiet and active; parties; outside entertainment; etc.). {6}
  - 2) Arts and crafts (applicable for both men and women). {6}
  - 3) Religious activities (examples: Bible study or discussion; Bible quizzes and games; hymn singing; grace at meals; etc.). These are in addition to routine religious services. {6}
  - 4) Service activities for community and/or facility (examples: assist with community fund drives; projects for orphanages; care of one's own area in the facility; helping to fold linen; etc.). {6}
  - 5) Intellectual and educational activities (examples: classes in writing, arithmetic, grooming, and social graces; planned group discussion; quizzes and word games; resident council newsletter; etc.). {6}
  - 6) Community activities (examples: residents' participation in community activities such as plays; church events; band concerts; tours; etc.). {6}



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## Section 350.1050(e) (continued)

- 7) A planned volunteer and/or auxiliary program that assists with the activities program shall be encouraged. It shall be under the direction of a staff member in a supervisory capacity. (6)

- f) Equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activities programs. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1060 Training and Habilitation Services  
EMERGENCY

- a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility. (B<sub>5</sub>-6)
- b) Each resident shall have individual evaluations which shall:
- 1) Be based upon the use of empirically reliable and valid instruments whenever such tools are available. (6)
  - 2) Provide the basis for prescribing an appropriate program of training experiences for the resident. (6)
- c) There shall be written training and habilitation objectives for each resident that are: (6)
- 1) Based upon complete and relevant diagnostic and prognostic data. (6)
  - 2) Stated in specific behavioral terms that permit the progress of the individual to be assessed. (6)
- d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident. (B<sub>5</sub>-6)
- e) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff. (6)

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## Section 350.1060 (continued)

- f) Appropriate training and habilitation program shall be provided residents with hearing, vision, perceptual, or motor impairments, in cooperation with appropriate staff. (6)
- g) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional. (B<sub>5</sub>-6)
- h) Where appropriate, providers should cooperate with the Department of Mental Health and Developmental Disabilities and community agencies in assisting individual residents to avail themselves of specialized work activity programs, prevocational and work adjustment training, and/or sheltered workshop programs. (6)
- i) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. (6)
- j) Residents shall not be used to replace employed staff. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1210 Health Services  
EMERGENCY

The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: (A, B<sub>5</sub>-6)

- a) Physician services including a complete physical examination at least annually and formal arrangements to provide for medical emergencies on a twenty-four (24) hour, seven (7) day-a-week basis. (B<sub>5</sub>-6)
- b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. (B<sub>5</sub>-6)
- c) Dental services to provide evaluation, diagnosis, treatment and

## Section 350.1210(c) (continued)

annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery. (B<sub>5</sub>-6)

- d) Physical and occupational therapy services for purposes of initiating, monitoring and follow-up of individualized treatment programs rendered by or under the supervision of a physician with special training or experience in the specialty or a physical therapist or an occupational therapist. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1220 Physician Services  
EMERGENCY

- a) The facility shall have a written program of medical services that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the health services provided by the facility and the arrangements to effect a transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. (B<sub>5</sub>-6)
- b) There shall be a formal arrangement for qualified medical care for the facility, including care for medical emergencies on a twenty-four (24) hour, seven (7) days-a-week basis. The facility shall have an advisory physician, fully licensed to practice medicine in Illinois to provide advice on general health conditions and practices of the facility. (B<sub>5</sub>-6)
- c) The services of a physician licensed to practice medicine in Illinois shall be available to every resident in the facility. Residents in facilities operated under bonafide Christian Science auspices may be exempt from this requirement. (A, B)
- d) The resident or his guardian shall be permitted his choice of physicians.
- e) Each resident shall be seen by his/her physician as often as necessary to assure adequate health care (Medicare-Medicaid requires certification visits). (A, B<sub>5</sub>-6)
- f) Physicians shall participate, when appropriate, in the continuing

## Section 350.1220(f) (continued)

interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment. (6)

- g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure continuing appropriateness of the goals, consistency of management methods with the goals, and the achievement of progress toward the goals. (6)
- h) The facility maintains effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed. (B<sub>5</sub>-6)

- i) The administrator shall assume the responsibility for meeting all the "Rules for the Control of Communicable Disease" (77 Ill. Rev. Stat. 690), Illinois Department of Public Health, so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. (B)

- j) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An exception shall be a resident whose only such infectious condition is one or more chronic decubital ulcers, from which laboratory tests have proven the presence of a pathogenic organism. Such a resident may be admitted when the facility is capable of implementing appropriate treatment and isolation techniques, to avoid secondary spread of infection. Additional exceptions may be requested on an individual case basis. Permission to admit or keep a resident with any other communicable, contagious, or infectious disease shall require the written approval of both the Department. Such approval will be dependent upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the resident and to adequately safeguard the staff and other residents of the facility from secondary spread of infection. Any resident when suspected or diagnosed as having any communicable, contagious, or infectious disease, shall be placed in the appropriate type of isolation as required by the "Rules for the Control of Communicable Disease" (77 Ill. Adm. Code 690), Illinois Department of Public Health, and Isolation Techniques for Use in Hospitals, U.S. Public Health Service, for the period of time required for each specific disease or until removed from the facility. (A, B<sub>5</sub>-6)

- k) All illnesses required to be reported under Section 350.1220(k), shall be reported immediately to the local health department and/or



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## Section 350.1220(k) (continued)

to this Department. The administrator shall furnish all pertinent information relating to such occurrences. (B<sub>5</sub>-6)

- 1) Each resident admitted shall have a complete physical examination, within five (5) days prior to admission, or within seventy-two (72) hours after admission to the facility. This examination report shall include an evaluation of the resident's condition including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in the activity program as determined appropriate by the attending physician. The report shall include documentation of the presence or absence of tuberculosis infection by tuberculin skin test or chest x-ray within one year prior to admission or at the time of examination. The report shall also include documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.) The report shall also include orders from the physician regarding weighing of the resident, and the frequency of such weighing, if ordered. (6)

- m) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five (5) percent or more within a period of thirty (30) days. (B<sub>5</sub>-6)

- n) At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures. (B<sub>5</sub>-6)

- o) The admission information for a resident shall include diagnoses, summary of present medical findings, medical history, mental and physical functioning capacity, prognoses and an explicit recommendation by the physician with respect to admission to or continued care in the facility; it shall also include orders for medications, treatments, restorative services, diet, specific procedures recorded for the health and safety of the resident activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within forty-eight (48) hours. (6)

- p) If a resident becomes unmanageable, he shall be examined by a

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## Section 350.1220(p) (continued)

physician and/or a psychiatrist. This medical examination shall be made promptly. A psychologist and/or members of other appropriate professional disciplines should be consulted. (B<sub>5</sub>-6)

- q) No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 to 3-423 of the Act. (6)
- r) No form of seclusion shall be permitted, even if the resident desires it. (6)
- s) Restraints shall be used only in an emergency to protect the resident from harming himself or harming other residents, visitors, or staff. If it is necessary to use restraints for this purpose, the attending physician shall be contacted immediately for his orders for this emergency. In the event the attending physician is not immediately available, the facility's advisory physician shall be contacted for such orders. This emergency use of restraints shall be used only temporarily. In a single emergency, restraints shall not be used for a period of more than four (4) hours. If a restraint is used for more than two (2) hours, it must be released for a few minutes at least once every two (2) hours, or more often if necessary. There must be constant observation of the resident while a restraint is being used. No restraints with locking devices may be used. (B)
- t) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies, which are followed in the operation of the facility, covering the use of restraints. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1230 Nursing Services  
EMERGENCY

- a) Each facility shall have a full-time health service supervisor who is a registered nurse or a licensed practical nurse whose only responsibility is the immediate supervision of the facility's health services. This person shall be on duty a minimum of thirty-six (36) hours, four (4) days per week. At least fifty percent (50%) of this person's hours shall be regularly scheduled some time between 7 A.M. and 7 P.M. There shall be a registered nurse or a licensed practical nurse on duty twenty-four (24) hours per day and seven (7) days per



## Section 350.1230(a) (continued)

week in charge of health services at all times when the health service supervisor is not on duty. If the health services supervisor is a licensed practical nurse, arrangements for consultation from a registered nurse shall be made as specified in Section 350.1030(d). (B)

- 1) A) A facility of less than fifty (50) bed capacity may, with written approval from the Department have two nurses share the duties of this position if it is unable to obtain a full-time person. Such an arrangement will be granted approval only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three (3) weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full-time; and information about the number and availability of licensed nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full-time.

- B) If two persons are to share the position, one shall be designated the Health Services Supervisor and the other shall be designated the Assistant Health Services Supervisor. Both of these persons may be R.N.'s, both may be LPN's, or one may be an R.N. and the other an LPN. In the latter case, the R.N. shall be designated the Health Services Supervisor and the LPN shall be designated the Assistant Health Services Supervisor.

- 2) In facilities with a capacity of less than fifty (50) beds, this person (or these persons), may also provide direct patient care, and her/his time may be included in meeting the staff/resident ratio requirements. (350.1230(b))

- b) A licensed practical nurse who is the health services supervisor shall either be a graduate of a State approved school of practical nursing or equivalent. (See Definitions, Section 350.330). (G)

## Section 350.1230 (continued)

- c) Residents shall be provided with nursing services, in accordance with their needs and which shall include, but are not limited to, the following: The Health Services Supervisor's participation in:

- 1) The pre-admission evaluation study and plan.
- 2) The evaluation study, program design, and placement of the resident at the time of admission to the facility.
- 3) The periodic reevaluation of the type, extent, and quality of services and programming.
- 4) The development of discharge plans, and the referral to appropriate community resources.
- 5) Training in habits in personal hygiene.
- 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program.
- 7) Modification of the resident care plan, in terms of the resident's daily needs.
- d) A registered nurse shall participate, as appropriate, in the planning and implementation of training of facility personnel.
- e) Direct care personnel shall be trained in, but are not limited to, the following:
  - 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. (B<sub>5</sub>-6)
  - 2) Basic skills required to meet the health needs and problems of the residents. (B<sub>5</sub>-6)
  - 3) First aid in the presence of accident or illness. (B<sub>5</sub>-6)
- f) There shall be available sufficient, appropriately qualified nursing staff, which may include currently licensed practical nurses and other supporting personnel, to carry out the various nursing service activities. (A, B)
- g) The individual responsible for the provision of nursing services shall have knowledge and experience in the field of developmental

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## Section 350.1230(g) (continued)

disabilities. (6)

- h) Nursing service personnel at all levels of experience and competence shall be assigned responsibilities in accordance with their qualifications. (B<sub>5</sub>-G)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1240 Dental Services  
EMERGENCY

- a) There shall be comprehensive diagnostic services for all residents which include a complete extra and intra oral examination utilizing all diagnostic aides necessary to properly evaluate the resident's oral condition, within a period of one (1) month following admission unless such an examination was done within six (6) months of admission, and the results are received and reviewed by the facility and are entered in the resident's record. (B<sub>5</sub>-G)
- b) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: (B<sub>5</sub>-G)
- 1) Provision for dental treatment.
  - 2) Provision for emergency treatment on a twenty-four (24) hour, seven (7) days a week basis, by a qualified dentist.
  - 3) A recall system that will assure that each resident is reexamined at specified intervals in accordance with his needs, but at least annually.
- c) There is education and training in the maintenance of oral health and a dental hygiene program that includes: (B<sub>5</sub>-G) Imparting information regarding nutrition and diet control measures to residents and staff; instruction of residents and staff in living units in proper oral hygiene methods; and instruction of parents or surrogates in the maintenance of proper oral hygiene, where appropriate (as in the case of residents leaving the facility).
- d) A permanent dental record shall be maintained for each resident. A summary dental progress report shall be entered in the resident's unit record at stated intervals. A copy of the permanent dental record shall be provided a facility to which a resident is

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## Section 350.1240(d) (continued)

transferred. (B<sub>5</sub>-G)

- e) There shall be a formal arrangement for providing qualified and adequate dental services to the facility, including care in dental emergencies on a twenty-four (24) hour, seven (7) days-a-week basis. (B<sub>5</sub>-G)
- f) There shall be available sufficient, appropriately qualified dental personnel, and necessary supporting staff, to carry out the dental services program. All dentists providing services to the facility shall be fully licensed to practice in the State of Illinois. All dental hygienists providing services to the facility shall be licensed to practice in the State of Illinois. (B<sub>5</sub>-G)
- g) Each facility shall have a denture and dental prosthesis marking system which takes into account the identification marking system contained in Ill. Rev. Stat., 1983, ch. 111, par. 2202, "Manufacture of dentures and dental prosthesis - Identification marks." Policies and Procedures shall be written and contained in the facilities Policies and Procedure Manual. It shall include, at a minimum, provisions for: (B<sub>5</sub>-G)
- 1) Marking individual dentures or dental prostheses, if not marked prior to admission to the facility, within ten (10) days of admittance; and
  - 2) individually marked denture cups for denture storage at night.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1410 Medication Policies and Procedures  
EMERGENCY

- a) Every facility shall adopt written policies and procedures, which are consistent with the purpose of the Act and these Rules and Regulations and which shall be followed in the operation of the facility, for properly and promptly obtaining, dispensing, administering, and disposing of drugs and medications. These policies and procedures shall be in compliance with all applicable Federal, State and local laws. These policies and procedures shall be developed with the advice of a pharmaceutical advisory committee which includes at least one (1) licensed pharmacist, one (1) physician, the administrator and the Health Services Supervisor.

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## Section 350.1410(a) (continued)

- This Committee shall meet at least quarterly. (B<sub>7</sub>-6)
- b) All legend medications maintained in the facility shall be on individual prescription or from the physician's personal office supply, and shall be properly labeled as set forth in 350.1440(f). A physician who supplies medication from his personal office supply must comply with all requirements of the "Medical Practice Act" (Ill. Rev. Stat. 1981, ch. 111, par. 4401 et seq.) and the "Illinois Controlled Substances Act" (Ill. Rev. Stat. 1981, ch. 56 1/2, par. 1100 et seq.), and the Rules promulgated thereunder. (B<sub>7</sub>-6)
  - c) All medications administered shall be properly recorded as set forth in 350.1620(g). (B<sub>7</sub>-6)
  - d) The staff pharmacist or consultant pharmacist shall participate in the planned in-service education program of the facility on topics related to pharmaceutical services. (6)
  - e) Permission must be obtained from this Department prior to the opening of any pharmacy in a facility. Such permission will be granted only if it can be shown that the operation of the pharmacy will not interfere in any way with the residents. The pharmacist shall then obtain a license to operate the pharmacy in accordance with the rules and regulations of the Illinois Department of Registration and Education.
  - f) No facility shall maintain a stock supply of controlled drugs or legend drugs, except for those emergency life saving drugs required in the emergency medication kit, as described in 350.1410(j). (B<sub>7</sub>-6)
  - g) A facility may stock only drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon written order of the physician, dentist, or podiatrist, shall be administered from the original containers, and shall be recorded in the resident's clinical record. (B<sub>7</sub>-6)
  - h) A facility may keep "convenience boxes" containing a reasonable number of medications normally used to treat conditions when residents suddenly become ill in non-life-threatening situations. There shall be no more than six (6) single doses of any one medication for each one hundred (100) licensed beds or portion thereof. Such conditions may include, but are not limited to: convulsions, serious emotional upsets, diarrhea, infection, severe pain, etc. A dose

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## Section 350.1410(h) (continued)

- shall be that amount listed by the manufacturer as the "usual dose" of the medication for adults. If the "usual dose" is two (2) tablets in the convenience box. (B<sub>7</sub>-6)
- 1) The contents and number of these "convenience boxes" shall be determined by the pharmaceutical advisory committee, and there shall be a label on the outside of each box, listing the contents. (B<sub>7</sub>-6)
  - 2) Each "convenience box" shall be under the control of the pharmacy which supplies the contents of the box, and it shall be kept in a locked medicine room or cabinet. (B<sub>7</sub>-6)
  - 3) No Schedule II substances shall be kept in "convenience boxes." (B<sub>7</sub>-6)
  - i) Emergency medication kits containing drugs necessary for life saving measures shall be approved by the facility's pharmaceutical advisory committee, and shall be available for immediate use at all times in locations as determined by the pharmaceutical advisory committee. (B<sub>7</sub>-6)
    - 1) In order to provide better security for the contents of these kits, it is recommended that some type of seal be placed on each kit after it has been checked and refilled. This would insure that the contents of each kit is intact when needed in an emergency.
    - 2) These kits shall consist of no more than three (3) single, injectable doses of only a few medications, such as those necessary to treat: cardiac arrest, acute coronary, acute cardiac failure, asthmatic and/or allergic reactions, acute convulsion, acute pain, shock, diabetic coma, insulin shock, and an acute respiratory infection requiring emergency administration of a starter dose of an injectable antibiotic. The kits should also contain all of the equipment needed to administer these medications, such as a tourniquet, proper size needles and syringes, and alcohol swabs. It is also permissible to have an airway in these kits. (A, B<sub>7</sub>-6)
    - 3) The contents of these kits shall be labeled on the outside of each kit. The kits shall be refilled as needed. They shall be reviewed by the pharmaceutical advisory committee regarding contents at least quarterly. Written documentation of this review shall be maintained. (B<sub>7</sub>-6)



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## Section 350.1410 (continued)

j) Since emergency medication kits must be available for immediate use at all times, the following requirements must be met when controlled substances are kept as part of the emergency medication kits: (B<sub>7</sub>-6)

- 1) The controlled substances must be stored separately in a locked cabinet or room, and labeled as to substance and the fact that they are a part of the emergency medication kit. The label of the emergency kit shall list the substance and the specific location where it is stored. (B<sub>7</sub>-6)
- 2) The controlled substances must be obtained from a Drug Enforcement Administration registered hospital, pharmacy, or practitioner. (B<sub>7</sub>-6)
- 3) Only the director of nursing services, registered nurse on duty, licensed practical nurse on duty, consultant pharmacist or practitioner shall have access to these controlled substances. (B<sub>7</sub>-6)
- 4) No more than ten different controlled substances shall be kept as part of an emergency medication kit, and there shall be no more than three single, injectable doses of any one controlled substance. (B<sub>7</sub>-6)
- 5) These controlled substances may be administered only under the emergency conditions set forth in Section 350.1410(1)(2) and only by registered nurse, licensed practical nurses or practitioners, in compliance with 21 CFR 1306.11 and 21 CFR 1306.21 and the Department of Registration and Education's Rule 52 for the Administration of the Illinois Controlled Substance Act. (B<sub>7</sub>-6)

6) A proof-of-use sheet shall be stored with each separate controlled substance. Entries shall be made on the proof-of-use sheet by the nursing staff or practitioner when any controlled substance from the kit is used. The consultant pharmacist shall receive and file for two years a copy of all completed proof-of-use sheets. (B<sub>7</sub>-6)

7) Whenever the controlled substance portion of an emergency medication kit is opened, the consultant pharmacist shall be notified within 24 hours. During any period when this kit is opened, a shift count shall be done on all controlled substances until the kit is closed or locked by the consultant pharmacist.

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## Section 350.1410(j)(7) (continued)

Shift counts are not mandatory when the kit is sealed. Proper forms for shift counts shall be kept with these portions of emergency medication kits. (B<sub>7</sub>-6)

- 8) The consultant pharmacist shall check the controlled substances portions of emergency medication kits at least monthly and so document on the outside of each kit. (B<sub>7</sub>-6)
- 9) Failure to comply with any provision of this rule, or of any applicable provision of state or federal statutes or regulations pertaining to controlled substances shall result in loss of the privilege of having or placing controlled substances in emergency medication kits until such time as the facility can demonstrate that it is in compliance with such regulations. This is in addition to the usual methods of corrective action available to the Department, such as fines and/or other penalties.
- k) Oxygen may be administered in a facility either as concentrated bottled oxygen or via means of an oxygen concentrator. Storage and handling of the bottled oxygen supply shall be in accordance with the 1977 National Fire Protection Association Standards, but no subsequently amended edition of the Standards, for nonflammable medical gas systems. (See Section 350.2620 or Section 350.2920 as appropriate). The facility must be in compliance with directions for use of oxygen concentrators as established by the manufacturer. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1420 Conformance with Physician's Orders  
EMERGENCY

- a) All medications, including cathartics, headache remedies, or vitamins, shall be given only upon the written order of a physician. (Rubber stamp signatures are not acceptable.) All such orders shall have the handwritten signature of the physician. These medications shall be given as prescribed by the physician and at the designated time. (A, B<sub>7</sub>-6) Telephone orders may be taken by a registered nurse or licensed practical nurse. All such orders shall be immediately written on the resident's clinical record, or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within five (5)

## Section 350.1420(a) (continued)

working days. Facilities participating in Medicare/Medicaid must meet the applicable Federal regulations. (B<sub>5-6</sub>) Review of medication orders:

- b) The staff pharmacist or consultant pharmacist shall review the medical record, including physician orders and laboratory test results, at least monthly and, based on his/her clinical experience and judgment, determine if there are irregularities which would cause potential adverse reactions, allergies, contraindications, or ineffectiveness. This review shall be done at the facility. Documentation of this review must be entered in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, and the administrator. (A, B<sub>5-6</sub>)

- c) A medication order not specifically limiting the time or number of doses shall be automatically stopped in accordance with written policy approved by the pharmaceutical advisory committee. (B<sub>5-6</sub>)

- d) The resident's attending physician shall be notified of medications about to be stopped so that he/she may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. (B<sub>5-6</sub>)

- e) All medications to be released to the resident, or person responsible for his/her care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time (such as when attending a vocational training program or on a weekend pass) shall be approved by the physician. A notation concerning their disposition shall be made on the resident's clinical record. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.1430 Administration of Medication

## EMERGENCY

- a) All medications shall be administered only by licensed medical or licensed nursing personnel, in accordance with their respective licensing requirements. (Some schools of nursing, especially some licensed practical nursing schools, do not include pharmacology courses. It is required that graduates of such schools successfully complete a course in pharmacology or have at least one year's full-time equivalent experience in administering medications in a health care setting, in order to be considered to "have either

## Section 350.1430(a) (continued)

training or experience, or both, in the job assigned to them" (Section 350.670(b)(1)), if their duties include administering medications to residents.) (A, B<sub>5-6</sub>) 1 Attorney General's Opinion File No. 3-1033, dated January 9, 1976 concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act (Ill. Rev. Stat. 1973, ch. 91, pars. 35.32 et seq.), and as such, cannot be performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aides, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes." Written approval must be obtained from the attending physician before any resident is enrolled in such a training program. (6)

- 1) Medications shall be administered as soon as possible after doses are prepared and administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems. (B<sub>5-6</sub>)
- 2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose. (See 350.1620(g) (A, B<sub>5-6</sub>))

- 3) Self-administration of medication shall be permitted only upon the written order of the attending physician. (B<sub>5-6</sub>)

- b) The facility shall have medication records which shall be used and checked against the physician's orders to assure proper administration of medicine to each resident. Such records as computer generated medication sheets may be used. Medication records shall include or be accompanied by recent photographs or other means of easy identification such as resident identification wristbands. Medication records shall contain the resident's name, diagnoses, known allergies, and current medications, and, it possible, a history of prescription and non-prescription medications taken by the resident during the thirty (30) days prior to admission to the facility. (B<sub>5-6</sub>)

- c) Medications prescribed for one resident shall not be administered to another resident. (B<sub>5-6</sub>)

- d) If for any reason, a physician's medication order cannot be followed, the physician shall be notified as soon as is reasonable, depending



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## Section 350.1430(d) (continued)

upon the situation, and a notation made on the resident's record. (B<sub>5</sub>-6)

- e) Medication errors and drug reactions shall be immediately reported to the resident's physician and the consulting pharmacist. An entry thereof shall be made in the resident's clinical record and the error or reaction shall also be described on an incident report. (A, B)
- f) Nurses' stations shall be equipped as per Sections 350.2660(e) and Section 350.2960(d) shall have all necessary items readily available for the proper administration of medications. (6)
- g) Current medication reference shall be available, such as the current edition of "Facts and Comparisons, Hospital Formulary", "Physician's Desk References" or other suitable references. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1440 Labeling and Storage  
EMERGENCY

- a) All medications for all residents shall be properly labeled and stored at, or near the nurses' station in a locked cabinet, in a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See 350.1440(f) and 350.1440(g)) (B)
- 1) These cabinets, rooms, and/or carts shall be well lighted and of sufficient size to permit storage without crowding. (B<sub>5</sub>-6)
- 2) All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored safely and securely - either in a locked room or otherwise made immobile. (B<sub>5</sub>-6)
- b) All medications for external use shall be kept in a separate area in the cabinet, medicine room, or locked mobile medication cart. (B<sub>5</sub>-6)
- c) All poisonous substances and other hazardous compounds, such as sterilization solutions, irrigation solutions, antiseptics, diagnostic reagents, etc., shall be kept in a separate locked

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## Section 350.1440(c) (continued)

container away from medications. (B)

- d) Biologicals or medications requiring refrigeration shall be kept in a separate, securely fastened locked box within a refrigerator or a locked refrigerator, at or near the nurses' station or in a refrigerator within a locked medication room. (B)
- e) The key to the medicine cabinet, medicine room and/or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer drugs, at all times. (B<sub>5</sub>-6)
- f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name, strength, and quantity of drug, date this container was last filled, the initials of the pharmacist filling the prescriptions, the identity of the pharmacy and any necessary special instructions. If the individual multi-dose medication container is filled by a physician from his own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist and prescription number. (6)

- g) Each single unit and/or unit dose package shall bear the proprietary and/or nonproprietary name of the drug, strength of dose and total contents delivered, lot or control number, and expiration date, if applicable. The names of the resident and the physician do not have to be on the label of the package, but they must be identified with the package in such a manner as to assure that the drug is administered to the right resident. Appropriate accessory and cautionary statements and any necessary special instruction shall be included, as applicable. Hardware for storing and delivering the medications shall have a label bearing the identity of the dispensing pharmacy. The pharmacist shall provide written verification of the date the medications were dispensed and the initials of the pharmacist who reviewed and verified the medications on hand. The pharmacist need not store such verification at the facility but shall readily make it available to the Department upon request. The lot or control number need not appear on unit dose packages if the dispensing pharmacy has a system for identifying those doses recalled by the manufacturer/distributor or if the dispensing pharmacy will recall and destroy all dispensed doses of a recalled medication, irrespective of a manufacturer's/distributor's specifically recalled lot. (B<sub>5</sub>-6)



## Section 350.1440 (continued)

- h) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Medications in containers having no labels shall be destroyed in accordance with Federal and State laws. (B7-6)
- i) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers, except that a licensed nurse may remove medication from original containers and place it in other containers to be sent with a resident when the resident will be out of the facility at the time of scheduled administration of medication, as, for instance, when the resident is on a home visit or away from the facility for employment, workshop, or educational activities. When medication is sent out of the facility with the resident, it shall be labeled by the nurse with the name of the resident, name of the medication, instructions for taking and any other appropriate information. (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.1450 Control of Narcotics and Legend Drugs

## EMERGENCY

- a) The facility shall comply with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.
- b) All Schedule II controlled substances shall be stored in such a manner so that two (2) separate locks, using two (2) different keys, must be unlocked to obtain these substances. This may be accomplished by several methods such as locked cabinets within locked medicine rooms, separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet, locked portable medication carts, which are stored in locked medicine rooms when not in use, or locked medication carts containing separate locked area within the portable medication cart, when such cart is made immobile. (B7-6)
- c) All discontinued medications, or those having an expiration date that has passed, and all medications of residents who have been discharged or who have expired, shall be disposed of in accordance with the written policies and procedures that have been established by the facility in accordance with 350.1410. This rule shall not apply to

## Section 350.1450(c) (continued)

residents who have been temporarily transferred to a hospital of who are on a temporary home visit. Medications for such persons shall be kept in the facility unit such time as the resident expires or is discharged from the facility. (B7-6)

- d) For all Schedule II substances, a controlled substances record shall be maintained which lists on separate sheets, for each type and strength of Schedule II substance, the following information: date, time administered, name of resident, dose, physician's name, signature of person administering dose, and number of doses remaining. The pharmaceutical advisory committee may also require that other medications shall be subject to such inventory records.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1610 Resident Record Requirements  
EMERGENCY

- a) Each facility shall have a medical record system that facilitates the retrieval of information regarding individual residents as demonstrated by the facility. (6)
- b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. (6)
- c) Record entries shall meet the following requirements:
  - 1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. (6)
  - 2) Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry. (6)
- d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the original written signature of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable. (6)

## Section 350.1610 (continued)

- e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. (B; 6)
- f) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. (B; 6)
- g) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or habilitation services shall be included in the resident's progress record when the recommendations pertain to an individual resident. (6)
- h) A medication administration record shall be maintained which contains the date and time each medication is given, name of drug, dosage, and by whom administered. (6)
- i) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures which shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output. (6)
- j) The records maintained for each resident shall be adequate for:
  - 1) Planning and continuously evaluating each resident's habilitation program,
  - 2) Furnishing evidence of each residents progress and response to the habilitation program, and
  - 3) Protecting each resident's legal rights.
- k) The facility shall have the option of using universal progress notes in the medical records.
- l) Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 300.1840

## Section 350.1610(j) (continued)

of this Part. (6)

- k) Discharge information shall be completed within forty-eight hours after the resident leaves the facility. The resident care staff shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form. (6)
  - l) Each resident record is the property of the facility. The facility shall be responsible for securing resident record information against loss, defacement, tampering or use by unauthorized persons. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1620 Content of Medical Records  
EMERGENCY

- a) No later than the time of admission, the facility shall enter the following information onto the identification sheet or admission sheet for each resident:
  - 1) Name, sex, date of birth and Social Security Number,
  - 2) Marital status, and the name of spouse if there is one,
  - 3) Whether the resident has been previously admitted to the facility,
  - 4) Date of current admission to the facility,
  - 5) State or country of birth,
  - 6) Home address,
  - 7) Religious affiliation (if any),
  - 8) Name, address and telephone number of any referral agency, state hospital, zone center or hospital from which the resident has been transferred (if applicable),
  - 9) Name and telephone number of the resident's personal physician,
  - 10) Name and telephone number of the resident's next of kin or

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## Section 350.1620(a)(10) (continued)

responsible relative,

- 11) Race and origin,
- 12) Most recent occupation,
- 13) Whether the resident or his/her spouse is a veteran,
- 14) Father's name and mother's maiden name, Social Security numbers, mother's birthplace and parents' marital status.
- 15) Name, address and telephone number of the resident's dentist, and
- 16) The diagnosis applicable at the time of admission.

b) The following information shall be obtained and entered in the resident's record at the time of admission to the facility:

- 1) Heights, weight, color of hair and eyes, any identifying marks, and recent photograph,
- 2) Reason for admission or referral, and the diagnosis applicable at the time of admission,
- 3) Type and legal status of admission,
- 4) Legal competency status,
- 5) Language spoken or understood,
- 6) Results of the preadmission evaluation conducted pursuant to Section 350.630(a) of this Part, previous histories and any other previous evaluations available, and
- 7) At the time of admission, the facility shall obtain a history of prescription and non-prescription medications taken by the resident during the thirty days prior to admission to the facility (if available).

c) Within one month after admission, the following information shall be entered into the newly admitted resident's record:

- 1) A statement of prognosis that can be used for programming and placement, and

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## Section 350.1620(c) (continued)

- 2) A comprehensive evaluation and individual program plan, designed by an interdisciplinary team.

d) In addition to the information that is specified above, each resident's medical record shall contain the following:

- 1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and restoration potential. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma. ~~(C)~~
- 2) A physician's order sheet that includes orders for all medications, treatments, therapy and rehabilitation services, diet, activities and special procedures or orders required for the safety and well-being of the resident. ~~(C)~~
- 3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition. ~~(B, C)~~
- 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.
  - A) Physicians and other consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident. ~~(C)~~
  - B) Significant observations or developments regarding resident responses to dietary services and work or vocational orientation programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact. ~~(C)~~
  - C) Significant observations or developments regarding resident responses to activity programs, social services, and nursing and personal care shall be recorded as they are noted. If no significant observations or developments are noted for a month, an entry shall be made in the record of



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## Section 350.1620(d)(4)(C) (continued)

- that fact. ~~(C)~~
- 5) Any laboratory and x-ray reports ordered by the resident's physician. ~~(C)~~
  - 6) Documentation of visits to the resident by a physician and to the physician's office by the resident. ~~(C)~~ The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.
  - 7) The results of the physical examination conducted pursuant to Section 350.1220(1) of this Part.
  - 8) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, a medical evaluation, physical examination, psychological workup, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while in the hospital.
  - 9) A record of all psychological testing and multidisciplinary evaluations regarding each resident.
  - 10) Reports of any seizures, illnesses, and immunizations.
  - 11) Reports of overall reviews and evaluations of each resident's individualized program plan. These reports shall identify the developmental progress and status of each resident, and shall be completed at least semiannually by each professional discipline providing services to the resident.
  - 12) Records of significant behavior incidents, reactions to any family visits and contacts, attendance at programs, and leaves from the facility.
  - 13) Any correspondence pertaining to the resident's program.
  - 14) An update of the information recorded at the time of admission. This update shall be performed at least once every twelve months, with changes in information relevant to the resident's personal physician and responsible relative to be recorded as they occur.

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## Section 350.1620(d) (continued)

- 15) Appropriate authorizations and consents.
  - 16) Results of the annual physical examination conducted pursuant to Section 350.1210(a) of this Part.
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1640 Records Pertaining to Residents' Property  
EMERGENCY

- a) The facility shall maintain a record of any resident's belongings, including money, valuables and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. ~~(C)~~
- b) When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the date, amount, and items purchased. ~~(C)~~
- c) A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1650 Retention and Transfer of Resident Records  
EMERGENCY

- a) Records of discharged residents shall be placed in an inactive file and retained as follows:
  - 1) Records for any resident who is discharged prior to being eighteen (18) years old shall be retained at least until the resident reaches the age of twenty-three (23). ~~(C)~~
  - 2) Records of residents who are over eighteen (18) years old at the time of discharge shall be retained for a minimum of five (5) years. ~~(C)~~

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## Section 350.1650 (continued)

- b) After the death of a resident, the resident's record shall be retained for a minimum of five (5) years. ~~(6)~~
- c) It is suggested that the administrator check with legal counsel regarding the advisability of retaining resident records for a longer period of time, and the procedures to be followed in the event the facility ceases operation.
- d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. ~~(B)-(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1680 Retention of Facility Records  
EMERGENCY

The facility shall retain the records referenced in this Section for a minimum of three years. ~~(C)~~ It is suggested that the administrator check with legal counsel regarding the advisability of retaining records for a longer period of time, and the procedures to be followed in the event the facility ceases operation. The records for which this requirement applies are as follows:

- a) The annual financial statement described in Section 350.210 of this Part.
- b) The minutes of resident advisory council meetings required by Section 350.650(j) of this Part.
- c) The records of in-service training required by Section 350.670(b)(3) of this Part.
- d) Copies of reports of serious incidents or accidents involving residents required by Section 350.700 of this Part.
- e) Records of the emergency medication kit review by the pharmaceutical advisory committee required by Section 350.1410(i)(3) of this Part.
- f) The reports of findings and recommendations from consultants required

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## Section 350.1680(f) (continued)

In Section 350.1690(a) of this Part.

- g) Copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation as required by Section 350.1690(d) of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1690 Other Facility Record Requirements  
EMERGENCY

- a) The facility shall maintain a file of reports of findings and recommendations from consultants. Each report shall be dated and indicate each specific date and time the consultant was in the facility. ~~(C)~~
- b) The facility shall complete the Illinois Department of Public Health Annual Long Term Care (LTC) Facility Survey. ~~(C)~~
- c) The facility shall maintain a permanent chronological resident registry showing date of admission, name of resident and date of discharge or death. ~~(C)~~
- d) The facility shall make available to the Department upon request copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation. ~~(C)~~
- e) Rules located in other Sections of this Part that pertain to the content and maintenance of facility records are as follows:
  - 1) The facility shall file an annual financial statement as described in Section 350.210 of this Part.
  - 2) Records and daily time schedules shall be kept on each employee as set forth in Section 350.670(a) and (b) of this Part.
  - 3) The facility shall maintain a controlled substances record as described in Section 350.1450(d) of this Part.
  - 4) Menu and food purchase records shall be maintained as set forth in Section 350.1880(d) and (f) of this Part.
  - 5) The facility shall maintain a file of all reports of serious

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## Section 350.1690(e)(5) (continued)

incidents or accidents involving residents as required by Section 350.700 of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.1810 Director of Food Services

EMERGENCY

a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty for a minimum of forty (40) hours each week. (B)

1) This person shall be either a dietitian or a dietetic service supervisor as defined in Section 350.330. ~~(C)~~

2) In facilities of fifty (50) beds or less, the food service supervisor (director) may assume cooking duties provided these duties do not interfere with the responsibilities of management and supervision.

b) Consultation If the person responsible for food services is not a dietitian, he shall have frequent and regularly scheduled consultation from a qualified dietitian. This consultation, given in the facility, shall be not less than eight (8) hours each month and shall include consultation and training in all food service procedures, such as menu planning and/or review, food preparation, food storage, food service safety, sanitation and management of therapeutic diets and in-service education.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.1820 Dietary Staff in Addition to Director of Food Services

EMERGENCY

There shall be sufficient number of food service personnel employed and on duty to meet the dietary needs of all persons eating meals in the facility. Their working hours shall be scheduled to meet the total dietary needs of the residents. All dietary employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be

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## Section 350.1820 (continued)

available in the dietary department for employees' knowledge and use. (B ~~—~~ ~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.1830 Hygiene of Dietary Staff

EMERGENCY

Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. (B ~~—~~ ~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.1840 Diet Orders

EMERGENCY

a) Physicians shall write, in the medical record, a diet order for residents indicating whether the resident is to have a general or a therapeutic diet and the diet shall be served as ordered. ~~(C)~~

b) A diet order for each resident shall be sent in writing to the food service department for each new admission and for every subsequent change in diet for that resident as ordered by his physician. The diet order shall include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (See Section 350.1860 for ordering therapeutic diets.) ~~(C)~~

c) The residents shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B ~~—~~ ~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.1860 Therapeutic Diets

EMERGENCY

a) A therapeutic diet order (see Section 350.1840 (a) and (b)) shall



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## Section 350.1860(a) (continued)

include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. ~~(C)~~

- b) Medically prescribed diets shall be recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. ~~(B)(6)~~
- c) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen. ~~(C)~~
- d) All oral therapeutic diets, with the exception of liquid and medical soft diets, shall be reviewed at least every three (3) months. Liquid diets shall be reviewed every forty-eight (48) hours; medical soft diets shall be reviewed every three (3) weeks. This review may be done by nursing personnel with recommendations to the attending physician. ~~(B)(6)~~
- e) The facility shall have available, and in use, two (2) or more copies of a current diet manual approved by the Department. One (1) copy shall be located in the kitchen for use by dietary personnel; other copies shall be located at each nurses' station for available use by the physician when prescribing diets. ~~(C)~~
- f) All special diets or dietary restrictions shall be medically prescribed and shall be planned or approved by a dietitian or nutritionist.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1870 Scheduling Meals  
EMERGENCY

- a) A minimum of three (3) meals or their equivalent shall be served daily at regular times with no more than a fourteen (14) hour span between a substantial evening meal and breakfast. The fourteen (14) hour span shall not apply to facilities using the "four or five meals-a-day" plan, provided the evening meal is substantial and

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## Section 350.1870(a) (continued)

includes, but is not limited to, a good quality protein, bread or bread substitute, butter or margarine, a dessert and a nourishing beverage. ~~(B)(6)~~

- b) Between meals and/or bedtime snacks of nourishing quality shall be offered. ~~(B)~~
- c) If a resident refuses food served, reasonable and nutritionally appropriate substitutions shall be served. ~~(B)(6)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.1880 Menu Planning  
EMERGENCY

- a) Menus, including menus for snacks and "sack" lunches, shall be planned at least one (1) week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions" that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution(s); the meal at which the substitution(s) was (were) made; the menu as originally written; and the menu as actually served. ~~(B)(6)~~
- b) The menu for the current week shall be dated and posted. Upon the request of the Department, sample menus shall be submitted for evaluation. ~~(C)~~
- c) Menus shall be different for the same day of consecutive weeks. ~~(C)~~
- d) All menus as actually served shall be kept on file for not less than thirty (30) days. ~~(C)~~
- e) Supplies of staple food for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu. ~~(C)~~
- f) Records of all food purchased shall be kept on file for not less than

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## Section 350.1880(f) (continued)

thirty (30) days. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1890 Food Preparation and Service  
EMERGENCY

- a) Food shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. ~~(C)~~
- b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. ~~(B)(7)(C)~~
- c) All residents shall be served in a dining room or a multipurpose room except for an individual with a temporary illness, who is too ill, or for other valid reasons. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.1910 Kitchen Equipment, Utensils, and Supplies  
EMERGENCY

The kitchen or dietary area shall be adequate to meet the food service needs. It shall have adequate equipment, utensils, and supplies to properly store, prepare, and serve the required number of meals in accordance with the latest edition of the Department's Food Service Sanitation Rules (77 Ill. Adm. Code 750). This shall include, but is not limited to, the following: ~~(B)(7)(C)~~

- a) Each kitchen and floor pantry, or subkitchen, in each building shall be equipped with facilities to: maintain required food temperatures during storage, preparation and service; provide protection of cooking equipment and utensils from contamination; and prepare the planned meals. New or replacement equipment shall be of satisfactory institutional type based on generally accepted standards. ~~(C)~~
- b) There shall be an adequate supply of food preparation equipment such as pots, pans, spoons, knives, mixers, etc., of the proper type to satisfactorily prepare the meals. ~~(C)~~

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## Section 350.1910 (continued)

- c) There shall be proper equipment to maintain food temperatures during service to residents. This equipment may be in the form of heated food carts, insulated food containers, or suitable equivalent. ~~(B)(7)(C)~~
- d) Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in the facility at each meal. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2010 Maintenance  
EMERGENCY

- a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: ~~(B)(7)(C)~~
  - 1) Maintain the building in good repair and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. ~~(B)(7)(C)~~
  - 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. ~~(A, B)(7)(C)~~
  - 3) Maintain all electrical cords and appliances in a safe and functioning condition. ~~(B)(7)(C)~~
  - 4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, etc.). ~~(C)~~
  - 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. ~~(C)~~
  - 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. ~~(B)(7)(C)~~



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## Section 350.2010(a) (continued)

- 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. ~~(C)~~
- 8) The building and grounds shall be kept free of any possible infestations of insects and rodents by: eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not less than sixteen (16) mesh to the inch and repair of any breaks in construction. ~~(B--G)~~
- b) Maintain all plumbing fixtures and piping in good repair and properly functioning. Protect the potable water supply from contamination by providing and properly installing adequate, backflow protection devices or providing adequate air gaps on all fixtures that may be subject to backflow or back siphonage.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2020 Housekeeping  
EMERGENCY

- a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: ~~(B--G)~~
  - 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. ~~(B--G)~~
  - 2) Keep floors clean and as non-slip as possible. Throw rugs and/or scatter rugs with non-slip type backings may be utilized if they do not constitute a serious tripping hazard. ~~(C)~~
  - 3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. ~~(C)~~
- b) Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment, and other items. ~~(B--G)~~

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## Section 350.2020 (continued)

- c) Bathtubs, shower stalls, and/or lavatories shall not be used for laundering, janitorial, or storage purposes. ~~(C)~~
  - d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms. ~~(B--G)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2030 Laundry Services  
EMERGENCY

- a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either thru an in-house laundry or a contract with an outside service.
  - 1) An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, pillow cases, etc. required to provide for the residents needs. Additional changes of linen may be required in consideration of laundering and transporting soiled linens. ~~(C)~~ If an in-house laundry service is provided then the following conditions shall exist:
    - 2) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. ~~(C)~~
    - 3) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens. ~~(C)~~
    - 4) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. ~~(C)~~
    - 5) Clean linen shall be protected from contamination during handling, transport and storage. ~~(C)~~
    - 6) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel. ~~(C)~~



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- 7) The laundry and its accessory storage and handling areas shall not be used as a storage area for supplies not directly connected with the operation of the laundry. ~~-(C)-~~
- b) If an outside laundry service is used, it shall comply with the requirements of in-house laundries and, in addition, shall provide for protection of clean linens during transport back to the facility. ~~-(C)-~~
- c) If the facility provides laundry service for residents' personal clothing, it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2210 Furnishings  
EMERGENCY

- a) Each resident shall be provided with a separate bed suitable to meet the needs of the resident. Each bed shall be at least thirty-six (36) inches wide, have a headboard, be of sturdy construction and in good repair. A double bed shall be provided for married couples if they request this arrangement, and there are no medical contraindications. Double beds shall be provided for married couples at their request. ~~-(C)-~~
- b) Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress of appropriate size for the bed. ~~-(C)-~~
- c) Each bedroom shall have window shades, or equivalent, in good repair. ~~-(C)-~~
- d) A satisfactory reading lamp, or equivalent, shall be provided for each bed. ~~-(C)-~~
- e) Each bed shall be provided with a minimum of one (1) clean, comfortable pillow. ~~-(C)-~~ There shall be additional pillows available in the home to satisfactory serve the needs of the residents. ~~-(C)-~~
- f) Each bedroom shall be provided with a mirror, unless there is a

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- mirror in a bathroom opening into this bedroom. Each lavatory shall be provided with a mirror. ~~-(C)-~~
- g) Each living room for residents' use shall be provided with an adequate number of reading lamps, tables, and chairs or settees. These furnishings shall be well constructed and of satisfactory design for the residents. ~~-(C)-~~
- h) Dining room furnishings shall be provided for each resident which are well constructed, comfortable, in good repair, and of satisfactory design for the residents. There shall be a sufficient number of tables, of a type that can be used by wheelchair residents, to accommodate all such residents in the facility. ~~-(C)-~~
- i) Office spaces, nurses' stations, treatment rooms, and other areas shall be satisfactorily furnished with desks, chairs, lamps, cabinets, benches, work tables, and/or other furnishings essential to the proper use of the area. ~~-(C)-~~
- j) For each bed there shall be furnished:
  - 1) A minimum of two (2) adequately sized dresser drawers. ~~-(C)-~~
  - 2) A comfortable chair. ~~-(C)-~~
  - 3) An individual towel rack. ~~-(C)-~~
  - 4) A satisfactory reading light over, or at the side of, the bed. ~~-(C)-~~
  - 5) Adequate closet, locker, or wardrobe space for hanging clothing within the room. ~~-(C)-~~
  - 6) A satisfactory bedside cabinet or table. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2220 Equipment and Supplies  
EMERGENCY

- a) The facility shall have a supply of thermometers, emesis basins, ice bags, hot water bottles or equivalent, bedpans, urinals, and sets of

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- enema equipment sufficient to meet the needs of its residents. (B-~~7~~-~~C~~)
- b) There shall be at least one (1) bedside screen available in the facility for each fifty (50) beds or major fraction thereof in multiple bedrooms to provide residents' privacy when needed. ~~(C)~~
- c) There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the residents. (B-~~7~~-~~C~~)
- d) There shall be a first-aid kit or emergency box in every facility. This shall contain bandages, sterile gauze dressing, bandage scissors, tape, sling, burn ointment, and other equipment deemed necessary by the advisory physician or the medical advisory committee. (B-~~7~~-~~C~~)
- e) Activity program supplies shall be provided to maintain an ongoing program to meet the varied interests and needs of the residents. These shall include, but are not limited to, age-appropriate games, craft supplies, current magazines, books, radio, television, and record player. A piano or organ is recommended as an important adjunct to the activity program equipment. ~~(C)~~
- f) Dishes and kitchen equipment shall be provided set forth in Section 350.1900 and 350.1910. ~~(C)~~
- g) Cleaning equipment and supplies shall be provided as set forth in Subpart J Maintenance, Housekeeping and Laundry. ~~(C)~~
- h) There shall be special equipment, implements, or utensils provided to residents as needed to assist them when eating. (B-~~7~~-~~C~~)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2410 Codes  
EMERGENCY

Water supply, sewage disposal and plumbing systems shall comply with the all applicable State and local codes and ordinances. (B-~~7~~-~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

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Section 350.2420 Water Supply  
EMERGENCY

- a) Each facility shall be served by water from a municipal public water supply when available. (B-~~7~~-~~C~~)
- b) When a municipal water supply is not available, the water supply shall comply with "rules for Drinking Water Systems," (77 Ill. Adm. Code 900) as amended. (B-~~7~~-~~C~~)
- c) If water is supplied by a well that is not part of a municipal system, the well shall be constructed and maintained in accordance with the "Illinois Water Well Construction Code" (77 Ill. Adm. Code 920) and "Water Well Pump Installation Code." (77 Ill. Adm. Code 925).
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2430 Sewage Disposal  
EMERGENCY

- a) All sewage and liquid wastes shall be discharged into a public sewage system when available. (B-~~7~~-~~C~~)
- b) When a public sewage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a private sewage disposal system. The design, construction, maintenance, and operation of the system shall comply with the "Private Sewage Disposal Code," (77 Ill. Adm. Code 905) as amended. (B-~~7~~-~~C~~)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2610 Applicability of Standards  
EMERGENCY

- a) These standards shall apply to all new Long-Term Care Facilities and major alterations and additions to existing Long-Term Care Facilities. (Major alterations are those that are not defined as minor alterations in Section 350.2610(f) herein.) Long-Term Care Facilities contemplating construction shall contact the Health Facilities Planning Board for information concerning the current requirements. Projects for which working drawings and specification have received final approval by the Department prior to the promulgation of these Standards are subject only to those Standards

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## Section 350.2610(a) (continued)

that were in effect at the time that the final approval was given.

- b) When construction is contemplated, either for new buildings or additions or major alterations to existing buildings coming within the scope of these standards, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. Comments or approval will be provided within thirty (30) days of receipt by the Department. ~~-(C)-~~
- c) The final working drawings and specifications shall be submitted to the Department for review and approval prior to beginning of construction. For final approval to remain valid, contracts must be signed within one (1) year of the date of final approval. Alternate methods of design development and construction such as fast track may be acceptable subject to the approval of the Department. Comments of approval will be provided within thirty (30) days of receipt by the Department. ~~-(C)-~~
- d) Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. Comments or approval will be provided within thirty (30) days of receipt by the Department. ~~-(C)-~~
- e) The Department shall be notified at least thirty (30) days before construction has been completed. The Department will then complete a final inspection. Deficiencies noted during the final inspection must be completed before occupancy will be allowed. ~~-(C)-~~
- f) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board requirements must be met for all alterations and remodeling projects. ~~-(C)-~~
- g) No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the

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## Section 350.2610(g) (continued)

Department and have been reviewed and approved. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2620 Codes and Standards  
EMERGENCY

- a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of the rules or regulations of any Agency of the United States or of any standards of a nationally recognized organization or association includes no new amendments or editions made after the date specified. (A, B, ~~C~~)
  - 1) State of Illinois codes and standards
    - A) Ill. State Plumbing Code (1983) (77 Ill. Adm. Code 890) Department of Public Health Environmental Health Protection
    - B) Accessibility Standards Illustrated (March 1981) (71 Ill. Adm. Code 400) Capital Development Board
    - C) Rules for Fire Prevention and Safety (September 1983) (41 Ill. Adm. Code 100) Office of State Fire Marshal
    - D) Rules for Food Service Sanitation (1983) (77 Ill. Adm. Code 750) Department of Public Health Environmental Health Protection
    - E) An Act to regulate the construction, installation, repair, use and operation of boilers and pressure vessels, and to create a Board of Boiler and Pressure Vessel rules (Ill. Rev. Stat. 1983, ch. 111 1/2, pars. 3201 et seq.) and Boiler and Pressure Vessel Safety Rules (41 Ill. Adm. Code 120) Office of State Fire Marshal Boiler and Pressure Vessel Safety
    - F) State of Illinois Safety Glazing Materials Act, (Ill. Rev. Stat. 1983, ch. 111 1/2, par 3101 et seq.)
  - 2) Other codes and references
    - A) National Fire Protection Association



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## Section 350.2620(a)(2)(A) (continued)

- i) NFPA 101 Life Safety Code 1981 Edition (New Health Care Occupancies - Residential-Custodial Care) and all appropriate references under Appendix "B", including but not limited to: National Protection Association NFPA 10 - 1978, Standard for Portable Extinguishers
- ii) NFPA 13 - 1980, Standards for the Installation of Sprinkler Systems
- iii) NFPA 56F - 1977, Standard for Non-Flammable Medical Gas Systems
- iv) NFPA 70- 1981, National Electric Code
- v) NFPA 90A - 1978, Standards for the Installation of Air Conditioning and Ventilating Systems
- vi) NFPA 96- 1980, Standard for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment
- vii) NFPA 220 - 1979, Standard Types of Building Construction
- ix) NFPA 253 - 1978, Flooring Radiant Heat Energy Test
- x) NFPA 255 - 1972, Test of Surface Burning Characteristics of Building Materials
- B) Underwriters' Laboratory, Inc. - (UL) Underwriters' Laboratories, Inc.
  - i) Fire Resistance Index (All Editions)
  - ii) Building Material Directory (All Editions)
  - iii) Standard No. - 181-1974 Factory Made Air Duct Materials and Air Duct Connectors
- C) American Society for Testing and Materials (ASTM) American Society for Testing and Materials
  - i) Standard No. E-84-1977A Method of Test for Surface Burning Characteristics of Building Materials (Same as NFPA 255)

## Section 350.2620(a)(2)(C) (continued)

- ii) Standard No. E90-1975 Recommended Practice for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions
- D) American Society of Heating, Refrigerating and Air Conditioning Conditioning Engineers (ASHRAE) American Society of Heating, Refrigerating, and Air Conditioning
  - i) Handbook of Fundamentals, 1977
- ii) Standard No. 52-76 Methods of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matters
- E) Uniform Building Code (1982 Edition) International Conference of Building Officials
- F) Standard No. A17.1-R1971 American Standards Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped American National Standards Institute
- G) Standard No. A17.1-1971 American National Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Stairs
- H) Public Health Service Publication No. 934 Food Service Sanitation Manual Superintendent of Documents
- I) HUD FT/TS-24 A Guide to Air Borne, Impact and Structure Borne Noise-Control in Multi-Family Dwellings
- b) In addition to compliance with the Standards set forth herein, all building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions in which the facility is, or will be located must be observed. (A, B-G)
- c) Where no local building code exists, the recommendations of the 1976 Edition of the Uniform Building Code shall apply. -G-
- d) The local building code or the recommendations of the 1982 Edition of the Uniform Building Code shall apply insofar as such recommendations are not in conflict with these standards set forth in these regulations, or with the National Fire Protection Association Code, Standard 101, Life Safety Code, (1981 Edition). -G-

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## Section 350.2620 (continued)

- e) The Fire Safety Evaluation System for Health Occupancies (Appendix C) of the 1981 edition of the Life Safety Code (NFPA 101) shall be used by the Department in determining whether any facility's proposed equivalent system is safe and does not constitute a hazard to the life and safety of the staff and residents. In making its determination regarding the proposed equivalent system, the Department shall consider those factors listed in Appendix C.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.2630 Preparation of Drawings and Specifications

EMERGENCY

- a) The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois. ~~-(C)-~~
- b) The first submission shall be the design development drawings indicating in detail the assignment of all spaces, size or areas and rooms, and indicating in outline, the fixed and movable equipment and furniture. ~~-(C)-~~
- c) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design. ~~-(C)-~~
- d) The drawing shall include:
- 1) a plan of each floor including the basement or ground floor; ~~-(C)-~~
  - 2) roof plan. ~~-(C)-~~
  - 3) plot plan showing roads, parking areas, sidewalks, etc.. ~~-(C)-~~
  - 4) elevations of all facades. ~~-(C)-~~
  - 5) sections through the building. ~~-(C)-~~
  - 6) identification of all fire and smoke compartmentation. ~~-(C)-~~
- e) Outline specifications shall provide a general description of the construction including finishes; acoustical material, floor covering; heating and ventilating systems; description of the electrical system

## Section 350.2630(e) (continued)

- including the emergency electrical system and the type of elevators. ~~-(C)-~~
- f) The total gross floor area and bed count shall be shown on the drawings.
- g) A brief narrative of the proposed program shall be submitted with the preliminary drawings and outline specifications. ~~-(C)-~~
- h) Following approval of the design development drawings and specifications, working drawings and specifications shall be submitted. All working drawings shall be well prepared and clean and distinct prints submitted. Drawings shall be accurately dimensioned and include all necessary explanatory notes, schedules and legends. Working drawings shall be complete and adequate for contract purposes. Drawings shall be prepared for each of the following branches of work: Architectural, Structural, Mechanical, Electrical and Plumbing. ~~-(C)-~~
- 1) The architectural drawings shall show:
- A) Site plan showing all topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be landscaped. All structures which are to be removed under the construction contract shall be shown. ~~-(C)-~~
  - B) Plan of each floor and roof. ~~-(C)-~~
  - C) Elevation of each facade. ~~-(C)-~~
  - D) Sections through building. ~~-(C)-~~
  - E) Elevators and dumbwaiters. Drawings delineating shaft details and dimensions, sizes of cab platforms and doors, travel distances including elevation height of landings, pit sizes, and machine rooms. ~~-(C)-~~
  - F) Kitchen, laundry, clean and soiled utility room, special care areas, and similar areas shall be detailed at a scale to show the locations, type, size and connection of all fixed and movable equipment. ~~-(C)-~~
  - G) Scale details as necessary; at a scale sufficiently large

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## Section 350.2630(h)(1)(G) (continued)

to properly indicate details of the work. ~~(G)~~

H) Schedule of finishes. ~~(G)~~

## 2) The structural drawings shall show:

A) Plans of foundations, floors, roofs and all intermediate levels shall show the complete design with sizes, sections, and the relative location of the various members including: ~~(G)~~

B) Schedule of beams, girders and columns. ~~(G)~~

C) Notes on design data shall include the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing pressures. ~~(G)~~

D) Details of special connections, openings, pipe sleeves and expansion joints. ~~(G)~~

E) Special structures shall include calculations defining load assumption, shear and moment diagrams and horizontal and vertical reactions. ~~(G)~~

3) Mechanical drawings with specifications shall show the complete heating, cooling and ventilation systems; plumbing, drainage, stand pipe, and sprinkler systems. ~~(G)~~

## A) Heating, Cooling and Ventilation.

i) Pumps, tanks, boilers and piping and boiler room accessories. ~~(G)~~

ii) Air conditioning systems with required equipment, water and refrigerant piping, and ducts. ~~(G)~~

iii) Supply and exhaust ventilating systems with connections and piping. ~~(G)~~

iv) Air quantities for all rooms including supply and exhaust ventilating duct openings. ~~(G)~~

## B) Plumbing, Drainage and Stand Pipe Systems.

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## Section 350.2630(h)(3)(B) (continued)

i) Size and elevation of: street sewer, house sewer, house drains, street water main and water service into the building. ~~(G)~~

ii) Location and size of soil, waste, and vent stacks with connections to house drains, cleanouts, fixtures and equipment. ~~(G)~~

iii) Size and location of hot, cold and circulating mains, branches, and risers from the service entrance, and tanks. ~~(G)~~

iv) Riser diagram of all plumbing stacks with vents, water risers and fixture connections. ~~(G)~~

v) Fuel and similar piped systems. ~~(G)~~

vi) Stand pipe and sprinkler systems. ~~(G)~~

vii) All fixtures and equipment that require water and drain connections. ~~(G)~~

## 4) Electrical drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.

A) Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections. ~~(G)~~

B) Location of main switchboard, power panels, light panels and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches. ~~(G)~~

C) Light outlets, receptacles, switches, power outlets, and circuits. ~~(G)~~

D) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the telephone company. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the telephone company. ~~(G)~~



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## Section 350.2630(h)(4) (continued)

- E) Fire alarm system with stations, signal devices, control board and wiring diagrams. ~~(C)~~
- F) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits. ~~(C)~~
- G) All other electrically operated systems and equipment. ~~(C)~~

5) When the project is an addition, details and information on the existing building shall be provided as follows:

- A) Type of activities within the existing building and distribution of existing beds, etc. ~~(C)~~
- B) Type of construction of existing building and number of stories in height. ~~(C)~~
- C) Plans and details showing attachment of new construction to the existing structure. ~~(C)~~
- D) Mechanical and Electrical systems showing connections to the existing system. ~~(C)~~
- E) The Department may require submission of drawings of all or any part of the existing structure. ~~(C)~~

6) Specifications shall supplement the drawings and shall: Describe, except where fully indicated and described on the drawings, the materials, workmanship, kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles and devices. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2640 Site  
EMERGENCY

- a) The facility shall be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding. ~~(C)~~

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## Section 350.2640 (continued)

- b) The facility shall be located so that the building or building comply with all applicable local zoning ordinances, building restrictions and fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, or safety of the residents in the facility. ~~(C)~~

- c) The facility shall be located in or near a community which can provide the necessary supportive services for the home such as physician's services, social services, transportation, recreation, religious services, work, medical facilities, public utilities, or other acceptable substitutes; and be located on a well-maintained, all-weather road. In those instances where the community does not provide these services, the facility shall do so. ~~(C)~~

- d) The facility shall be served by a potable water supply with water pressure and volume that is acceptable to the Department. ~~(B)-(C)~~

- e) The distance from the fire station, the accessibility of the facility, and capability of the fire department must be approved in writing by the Office of the State Fire Marshal. ~~(B)-(C)~~

- f) The facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. Evaluation and written approval must be obtained from the Office of the State Fire Marshal. ~~(B)-(C)~~

- g) Plans showing the proposed building location must be submitted to the Illinois Department of Transportation, Division of Water Resources to determine compliance with Regulation of Construction within the State Flood Plain (92 Ill. Adm. Code 706) and Executive Order 79-4(c).

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2650 Administration and Public Areas  
EMERGENCY

- a) Facilities for the physically handicapped (public, staff and

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## Section 350.2650(a) (continued)

## Section 350.2660(b) (continued)

residents) shall be provided in administration and public areas as well as in resident areas. ~~(C)~~

5) Resident bedroom floor shall be at or above grade level. ~~(C)~~

b) Lobby shall include a reception and information counter or desk, waiting space(s) and public telephones. See Illinois State Plumbing Code for drinking fountain(s) and toilet facilities requirements for staff and visitors. ~~(C)~~

6) Each room used as a resident bedroom shall have at least one (1) outside window, and a total window area to the outside equal to at least one-tenth (1/10) the floor area of the room. ~~(C)~~

7) No resident bedroom shall be located more than one hundred twenty (120) feet from the nurses' station, clean utility room, and soiled utility room. ~~(C)~~

c) General or Individual Office(s) shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Food Service Supervisor, Activity Director, Social Service Director, etc.), and Professional Consultants (Dietitian, Social Worker, etc.) ~~(C)~~

## c) Resident Bedrooms

1) Single resident bedroom shall contain at least one hundred (100) square feet. Multiple resident bedrooms shall contain at least eighty (80) square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways. ~~(C)~~

d) Multipurpose room(s) shall be provided for conferences, meetings, interviews, and educational purposes. ~~(C)~~

e) Provide adequate space for recording, reviewing and storing resident records. ~~(C)~~

2) Multiple resident bedrooms shall not have more than four (4) beds nor more than three (3) beds deep from an outside wall. All beds shall have a minimum clearance of three (3) feet at the foot and sides of the bed. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2660 Nursing Unit  
EMERGENCY

## d) Special Care Room

1) Provide a special care room for each one hundred fifty (150) beds. ~~(C)~~

a) The number of resident beds in a nursing unit shall not exceed seventy-five (75) beds. Sixty (60) percent of the resident beds shall be in one (1) or two (2) bedrooms. ~~(C)~~

2) Provide this room with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. ~~(C)~~

## b) Bedrooms General

1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room. ~~(C)~~

2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Sections 350.2740(d) and (c).

3) This room shall be located to allow direct visual supervision from the nurses' station. ~~(C)~~

3) Residents shall have access to a toilet room without entering the general corridor area. ~~(C)~~

4) The room may be included in the authorized maximum bed capacity for the facility. It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. ~~(C)~~

4) Provide a closet or wardrobe of at least six (6) square feet for each resident. ~~(C)~~

## e) Nurses' Station

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## Section 350.2660(e) (continued)

- 1) Provide a minimum of one (1) station per floor with direct access to the corridor for each nursing unit. The location of this station shall allow visual control of each resident room served without the use of mirrors. Separation shall be provided from the utility rooms. (B-~~3-6~~)
- 2) Nurses' station shall provide space for charting and storage for administrative supplies; (B-~~3-6~~)
- 3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location. (B-~~3-6~~)

## f) Bath and Toilet Rooms

- 1) The resident bedroom toilet room shall serve no more than two (2) resident rooms nor more than (8) beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory. ~~(C)~~
- 2) Provide one (1) wheelchair resident toilet room for each sex residing in nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory. ~~(C)~~
- 3) Wheelchair resident toilet room(s) are not required when all resident toilet rooms can accommodate wheelchair residents.
- 4) Provide one (1) training toilet room on each nursing floor, that is accessible from the corridor. Provide three (3) foot clearance at the front and both sides of the water closet. This room shall contain a lavatory accessible for wheelchair use. ~~(C)~~
- 5) Provide one (1) bathtub or shower for each ten (10) resident beds per nursing unit which are not served by bathing or showering facilities in resident room. ~~(C)~~
- 6) All shower stalls for residents not needing assistance shall be at least three (3) feet square and shall have no curb. ~~(C)~~
- 7) Provide at least one (1) bathtub for assisted bathing per nursing unit. There shall be a clear area at least three (3)

## Section 350.2660(f)(7) (continued)

- feet wide at both sides and one end of the tub. ~~(C)~~
  - 8) Provide at least one (1) shower stall for assisted showering per nursing unit. The shower stall shall be at least four (4) feet square with no curb. ~~(C)~~
  - 9) Provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility. ~~(C)~~
  - 10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy. ~~(C)~~
- g) Utility Rooms
- 1) Clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.) ~~(C)~~
  - 2) Clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove. ~~(C)~~
  - 3) Soiled utility room shall have direct access to a corridor. This room shall contain work counters, double compartment sink with integral drainboard, storage cabinets, a clinical rim flush sink, and sanitizer (See Section 350.2730(c)). ~~(C)~~
  - 4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed. ~~(C)~~
  - h) Medicine station shall be provided for convenient and prompt twenty-four (24) hour distribution of medicine to residents. The medicine station shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. Provision for handwashing and medication purposes shall be provided in the medicine station. ~~(C)~~
  - i) Nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be



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## Section 350.2660(1) (continued)

provided only by icemaker dispenser units. ~~-(G)-~~

- j) Room for examination and treatment of residents shall be provided and shall have a minimum floor area of one hundred (100) square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet (10'-0"). The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing. ~~-(G)-~~

- k) Equipment storage rooms shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, wheelchairs and etc. ~~-(G)-~~

- l) Parking space for wheelchairs shall be provided and located out of path of normal traffic. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2670 Dining, Living, Activities Room(s)  
EMERGENCY

- a) The combined area of these rooms shall not be less than forty (40) square feet per resident bed. ~~-(G)-~~
- b) Provide a minimum of one (1) dining room with at least ten (10) square feet per resident bed. ~~-(G)-~~
- c) Provide a minimum of one (1) comfortably furnished living room on each floor in multiple story buildings having a total window area of at least one-tenth (1/10) the floor area. ~~-(G)-~~
- d) Provide activities room based on program requirements. This room(s) may be combined with the living and/or dining room. ~~-(G)-~~
- e) Locate these rooms so that they are not an entrance vestibule from the outside. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

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Section 350.2680 Therapy and Personal Care  
EMERGENCY

- a) Physical and occupational therapy facilities shall be provided as required by the approved program. ~~-(G)-~~
- b) A separate room shall be provided with appropriate equipment for hair care and grooming needs of the residents. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2690 Service Departments  
EMERGENCY

- a) Dietary facilities shall comply with the standards specified in the State of Illinois Rules and Regulations for Food Service Sanitation and the Food Service Sanitation Manual, Public Health Service No. 934. Food service facilities shall be designed and equipped to meet the requirements of the Narrative Program. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two. ~~-(B)-(G)-~~
- b) The kitchen consisting of food preparation, cooking, and serving areas, shall be approximately ten (10) square feet per resident bed with a minimum area of at least two hundred (200) square feet. It shall be properly located for efficient food service, and be large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. ~~-(B)-(G)-~~
- c) The following facilities shall be provided as required to implement the type of food service selected:
- 1) A control station shall be provided for receiving food supplies. ~~-(G)-~~
  - 2) Storage space shall be adequate to provide normal and emergency supply needs, approximately two and on-half (2 1/2) square feet per patient bed, for bulk and daily food storage, located in a room convenient to the kitchen. ~~-(G)-~~
  - 3) Food Preparation Facilities: Conventional food preparation systems required space and equipment for preparing, cooking, and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service

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## Section 350.2690(c)(3) (continued)

## Section 350.2690(d) (continued)

- require space and equipment for thawing, portioning, heating, cooking, or baking. ~~-(C)-~~
- 4) Handwashing facility(ies) shall be located in the food preparation area. ~~-(C)-~~
- 5) Residents' meal service facilities shall be provided as required for tray assembly and distribution. ~~-(C)-~~
- 6) Warewashing space shall be located in a room or an alcove separate from food preparation and serving areas. Commercial type dishwashing equipment shall be provided. Space shall also be provided for receiving, scraping, sorting, stacking and loading soiled tableware and for transferring clean tableware to the using areas. A handwashing lavatory shall be provided. ~~-(B)-(C)-~~
- 7) Potwashing facilities shall be located conveniently for washing and sanitizing cooking utensils. ~~-(B)-(C)-~~
- 8) Storage areas shall be provided for cans, carts, and mobile tray conveyors. ~~-(C)-~~
- 9) Waste storage facilities shall be located in a separate room easily accessible to the outside for direct pickup or disposal. ~~-(C)-~~
- 10) Office(s) or disk spaces shall be provided for dietitian(s) and/or the dietary service manager. ~~-(C)-~~
- 11) Toilets shall be accessible to the dietary staff. Handwashing facilities shall be immediately available. ~~-(C)-~~
- 12) A janitors' closet for the exclusive use in food preparation areas shall be located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. ~~-(C)-~~
- 13) Self-dispensing icemaking facilities shall be provided. ~~-(C)-~~
- 14) Provide adequate can, cart and mobile tray washing facilities as required. ~~-(C)-~~

## d) Linen Service

## e) Housekeeping and Storage

- 1) Sufficient janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space(s) for large housekeeping equipment and for back-up supplies may be centrally located. ~~-(C)-~~
- 2) Provide a total area of approximately ten (10) square feet per resident bed for the storage areas designated in this service department. This does not include closets or wardrobes in residents' rooms. Separate storage space with provisions for locking and security control shall be provided for residents' personal effects which are not kept in residents' bedrooms. ~~-(C)-~~
- 3) Provide storage rooms for maintenance supplies, yard equipment, etc. ~~-(C)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2700 Building General  
EMERGENCY

a) Elevators

- 1) Have a minimum of one (1) elevator in all buildings of two (2) or more stories in height. The basement shall be considered as one (1) story if it is used by residents. ~~(C)~~
- 2) If eighty (80) to two hundred (200) beds are located above the first floor, at least one (1) additional elevator shall be provided. ~~(C)~~
- 3) For facilities with more than two hundred (200) beds, the number of elevators shall be determined from a study of the use requirements and the estimated vertical transportation requirements.
- 4) A minimum of one (1) car shall be of institutional type having inside dimensions that will accommodate a stretcher and attendants and shall be at least five feet (5'-0") by seven feet, six inches (7'-6"). The car door shall have a clear opening of not less than three feet, eight inches (3'-8"). ~~(C)~~
- 5) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type. ~~(C)~~
- 6) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped. Refer to Capital Development Board rules entitled Accessibility Standards Illustrated (71 Ill. Adm. Code 400). ~~(C)~~
- 7) Elevator call buttons, control and door safety stops shall be of a type that will not be activated by heat or smoke. (B)
- 8) Elevators, except freight elevators, shall be equipped with a two-way special service key operated switch to permit cars to bypass all landing button calls and be dispatched directly to any floor. ~~(B-C)~~
- 9) Fireman's emergency operations shall be furnished in accordance with American National Standards Institute Standard A17.1 Elevator Safety Code. (B)
- 10) Inspections and tests shall be made and written certification be furnished that the installation meets the requirements set forth

Section 350.2700(a)(10) (continued)

in this section and all applicable safety regulations and codes. (B)

b) Handrails and Grab Bars

- 1) Handrails shall be provided on both sides of all corridors and ramps used by residents. ~~(B-C)~~
  - 2) Handrails shall be provided on all sides of elevator cab not provided with a door. ~~(B-C)~~
  - 3) Handrails on stairs used by residents shall be provided on both sides of the stairs including the platforms and landings. (B)
  - 4) Handrail dimensions and detail shall conform to the State of Illinois Accessibility Standards Illustrated (71 Ill. Adm. Code 400). ~~(B-C)~~
  - 5) It is recommended that handrails be installed at a height of thirty-two (32) inches measured vertically from the floor surface.
  - 6) Grab bars shall be provided for all resident use toilets, showers, tubs, etc. ~~(B-C)~~
  - 7) The ends of handrails and grab bars shall return to the wall. ~~(B-C)~~
- c) Ceiling Heights
- 1) All rooms occupied or used by residents shall have ceilings not less than eight (8) feet. ~~(C)~~
  - 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have ceilings not less than seven (7) feet eight (8) inches. ~~(C)~~
  - 3) Suspended tracks, rails and pipes located in the path of traffic shall be not less than six (6) feet eight (8) inches above the floor. ~~(C)~~
  - 4) Boiler room shall have ceiling clearances not less than two (2) feet six (6) inches above the main boiler header and connecting piping. ~~(C)~~



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## Section 350.2700 (continued)

## d) Doors and Windows

- 1) Main entrance and all exit doors shall swing outward and be provided with door closers and panic hardware. (B-~~7~~-G-)
- 2) All exterior doors shall be equipped with a signal that will alert the staff if a patient leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (B-~~7~~-G-)
- 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and keys are carried by staff at all times. (B-~~7~~-G-)
- 4) Resident toilet rooms shall open directly into a corridor or into a resident bedroom. (B-~~7~~-G-)
- 5) The doors for the toilet rooms used by residents shall have a minimum door width of three (3) feet. (B-~~7~~-G-)
- 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency ingress to the room. (B-~~7~~-G-)
- 7) Doors and windows shall fit snugly and be weather tight, yet open and close easily. ~~-(G)-~~
- 8) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, sixteen (16) mesh screens. Screen doors shall be equipped with self-closing devices. ~~-(G)-~~
- 9) All doors to resident sleeping rooms shall be provided with automatic closers actuated by smoke detectors in the resident room. The doors shall normally be free swinging in the open and close directions, and be designed so they will remain in any position except when they are actuated by the detector. They shall then close gently and shall latch when closed. When so

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## Section 350.2700(d)(9) (continued)

- actuated they shall automatically close again if opened manually. Each door shall be equipped with a light mounted on the wall adjacent to the door. The light shall illuminate if the door has been closed as a result of the actuation of the controlling smoke detector. Each door closer will be activated only when its own detector annunciates a fire. In addition, a centrally located monitor shall contain signals which identify the resident room in which the smoke detector has signaled the alarm. The system shall be wired into the fire alarm system. (B-~~7~~-G-)
- e) Floors
    - 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. Floors shall be covered wall to wall with water resistant material in wet areas including but not limited to bathrooms, kitchen, utility rooms. (B-~~7~~-G-)
    - 2) Thresholds and expansion joints shall be flush with the floor to facilitate use of wheelchairs and carts. ~~-(G)-~~
  - f) Mirrors shall be installed above all lavatories except handwashing lavatories in food preparation areas, or in clean and sterile supply areas or at nurses handwashing sink. ~~-(G)-~~
  - g) Provide paper towel dispensers and waste receptacles or electric hand dryers at all lavatories. ~~-(G)-~~
  - h) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundry rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10 degrees Fahrenheit above the ambient room temperature. ~~-(G)-~~
  - i) Sound Transmission Limitation
    - 1) Recreation rooms and exercise rooms, and similar spaces where impact noises may be generated, shall not be located directly over resident bed areas unless special provisions are made to minimize such noise. ~~-(G)-~~
    - 2) Sound transmission limitations shown in Table A shall apply to partitions, floors, and ceiling construction in resident areas. ~~-(G)-~~

## Section 350.2700 (continued)

- j) Materials used for wall and door construction shall be highly resistant to impact damage. ~~(C)~~
- k) Interior Finishes, Fire Extinguishers and Miscellaneous
  - 1) Interior finish flame spread ratings shall be in accordance with the National Fire Protection Association, Life Safety Code Standard 101, Standards for Flame Spread and Smoke Emission Ratings. (B)
  - 2) There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens, laundry rooms and beauty shops. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. ~~(B--G)~~
  - 3) Approved containers with proper covers shall be provided for daily storage of rubbish. ~~(B--G)~~
  - 4) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. ~~(B--G)~~
  - 5) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around building, including its location, indicate that such additional protection is needed. ~~(B--G)~~
  - 1) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. ~~(A, B--G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.2710 Structural

EMERGENCY

- a) Design Data - General
  - 1) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice. ~~(B--G)~~
  - 2) Special provision shall be made for loads which have a greater load than the specified minimum live load, including partitions which are subject to change of location. ~~(B--G)~~
  - b) Construction shall be in accordance with the requirements of National Fire Protection Association Standard 101, Life Safety Code, and the minimum requirements contained herein. ~~(A, B--G)~~
    - 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one (1) foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. ~~(G)~~ It is recommended that soil test borings be taken to establish proper soil-bearing values for the soil at the building site.
    - 2) Assumed live loads shall be in accordance with the International Conference Buildings Officials Uniform Building Code.
    - 3) The fire resistance rating of the structural members shall be as established by National Fire Protection Association 220 Standard Types of Building Construction.
    - c) Provisions for Natural Disasters ~~(B--G)~~
      - 1) Earthquakes: In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the International Conference Buildings Officials Uniform Building Code. Seismic zones are identified on the map found in Appendix C. ~~(B--G)~~
      - 2) Tornadoes and Floods: Special provisions shall be made in the design of buildings including structural design, in regions

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Section 350.2710(c)(2) (continued)

where local experience shows loss of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (B, G)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2720 Mechanical Systems  
EMERGENCY

a) General

- 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of these standards. (G)
- 2) Upon the completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating and preventative maintenance instructions, parts list with numbers and descriptions for each piece of equipment and a copy of the air-balance report. A complete set of these documents shall be kept on the premises. (G)

- 3) The owner shall be provided with instructions in the operational use of the systems and equipment as required. (G)

b) Thermal and Acoustical Insulation

- 1) Insulation shall be provided for the following:

- 2) Boilers, smoke breaching, and stacks. (G)
- 3) Steam supply and condensate return piping. (B, G)
- 4) Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and converters. (G)
- 5) Hot water piping above 125 degrees Fahrenheit which is exposed to contact by residents. (B)
- 6) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point. (G)

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Section 350.2720(b) (continued)

- 7) Water supply and drainage piping on which condensate may occur. (G)
- 8) Air ducts and casings with outside surface temperatures below ambient dew point. (G)
- 9) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system. (G)
- 10) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive system heat loss or excessive heat gain.
  - A) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of one hundred fifty (150) or less as determined by an independent testing laboratory in accordance with American Society Testing Materials Standard E84. Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building, or do not penetrate a wall or roof or do not create an exposure hazard. (B, G)

- B) Access for filter changing shall be provided within equipment rooms. (G)

c) Steam and Hot Water Systems

Supply and return mains and risers for cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends. (G)

d) Heating, Cooling, and Ventilating Systems

- 1) A design temperature of 75 degrees Fahrenheit for both summer and winter design conditions shall be provided for all resident use areas including corridors. (G)
- 2) All ventilation supply, return and exhaust systems shall be mechanically operated. (G)
- 3) Outdoor air intakes shall be located as far as practical, but



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Section 350.2720(d)(3) (continued)

not less than fifteen (15) feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical, but not less than six (6) feet above ground level, or if installed above the roof, three (3) feet above roof level. ~~—(C)—~~

- 4) The ventilation systems shall be designed and balanced to provide the pressure relationships and ventilation rates as shown in Table B. ~~(B—C—)~~
- 5) A manometer shall be installed across each filter bed serving central air systems. ~~—(C)—~~
- 6) Air conditioning and ventilation systems shall be designed, installed and maintained as required by National Fire Protection Association Standard 90A. ~~(A, B—C—)~~
- 7) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with National Fire Protection Association Standard 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed Underwriter's Laboratory or other independent testing laboratories. ~~(A, B—C—)~~
- 8) Boiler rooms and other rooms having combustion equipment shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperature to 97 degrees Fahrenheit. Effective Temperature as defined by American Society Heating Refrigeration engineers Handbook of Fundamentals. ~~(A, B—C—)~~
- 9) Rooms containing heat production equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, and sterilizer rooms shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10 degrees Fahrenheit above the ambient room temperature. ~~—(C)—~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

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Section 350.2730 Plumbing Systems  
EMERGENCY

- a) General  
All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of resident required water closets, lavatories, bathtubs, showers, and other fixtures shall be as required by these standards and the facility program. ~~(B—C—)~~
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials.
  - 2) The water supply spout for lavatories and sinks required for filling pitchers, for nursing staff and food handlers' handwashing, shall be mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. ~~(B—C—)~~
  - 3) Handwashing lavatories used by nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, the blade handles shall not exceed four and one-half (4 1/2) inches in length, except the handles on clinical sinks shall not be less than six (6) inches in length. ~~—(C)—~~
  - 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. ~~—(C)—~~
  - 5) The potwashing sink shall be a three (3) compartment sink with one compartment at least fourteen (14) inches deep. ~~—(C)—~~
  - 6) Shower bases and tub bottoms shall be provided with nonslip surfaces. ~~(B—C—)~~
- c) Water Supply Systems
  - 1) Water supply systems shall be designed to supply water at sufficient pressure and volume to operate all fixtures and equipment during maximum demand periods. ~~—(C)—~~
  - 2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture. ~~—(C)—~~

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## Section 350.2730(c) (continued)

- 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers. ~~(C)~~
- 4) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. ~~(B, C)~~
- 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. ~~(A, B, C)~~
- 6) A thermostatically controlled missing valve shall be provided on each hot water system serving resident areas to insure that the water temperature does not exceed 110 degrees Fahrenheit. ~~(A, B, C)~~

## d) Hot Water Heaters and Tanks

- 1) A) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas: ~~(C)~~

gallons/hour/bed Temperature °F	Resident Service	Dietary	Laundry
*180°F	6 1/2 110	4 140*	4 1/2 180
- B) Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment. ~~(C)~~
- 2) Water storage tanks shall be fabricated of corrosion resistant metal or lined with non-corrosive material. ~~(C)~~

## e) Drainage Systems

Insofar as possible drainage piping shall not be installed above the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems. ~~(B, C)~~

## f) Fire Extinguishing Systems

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## Section 350.2730(f) (continued)

- 1) A complete automatic sprinkler system shall be installed throughout all facilities regardless of construction type. ~~(A, B, C)~~
  - 2) All sprinkler and other fire extinguishing systems shall be designed and installed in accordance with National Fire Protection Association Standard 101 and referenced codes. ~~(A, B, C)~~
  - 3) All sprinkler systems shall be maintained in accordance with National Fire Protection Association Standard 13A. ~~(A, B, C)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.2740 Electrical Systems

EMERGENCY

## a) General

- 1) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities required by these standards. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other similarly established standards. ~~(B, C)~~
  - 2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified and be in accordance with these standards. ~~(A, B, C)~~
  - 3) The installation shall meet all the requirements of the latest "National Electrical Code." ~~(A, B, C)~~
- b) Switchboards and Power Panels
- Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space

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## Section 350.2740(b) (continued)

free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions. ~~(C)~~

## c) Panelboards

Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits. ~~(C)~~

## d) Lighting

1) All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings, and parking lots shall have lighting. ~~(C)~~

2) Resident's rooms shall have general lighting. A vandal-proof reading light shall be provided for each resident. At least one light fixture shall be switched at the entrance to each resident room. All switches for control of lighting in resident's sleeping areas shall be of the quiet operating type. ~~(C)~~

## e) Receptacles (Convenience Outlets)

1) Each resident bed room shall have duplex grounding type receptacles as follows: One located each side of the head of each bed; one for television if used; and one on another wall. Receptacles are to be located between twelve (12) to thirty (30) inches above the finished floor. ~~(B, C)~~

2) Resident bathrooms shall have at least one (1) duplex receptacle. ~~(C)~~

3) See Article 517 of National Fire Protection Association Standard 70 for grounding requirements.

4) Duplex receptacles shall be installed approximately fifty feet (50' 0") apart in all corridors and within twenty-five feet (25' 0") of ends of corridors. ~~(C)~~

## f) Door Alarm System

Each exterior door shall be equipped with a signal that will alert staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hours a day supervision of the door, a signal is not required. ~~(B, C)~~

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## Section 350.2740 (continued)

## g) Fire Alarm System

1) A manually and automatically operated fire alarm system shall be installed. ~~(A, B, C)~~

2) Automatic smoke detectors shall be installed in all resident sleeping rooms and at thirty (30) feet on center in all corridors other than sleeping area corridors. ~~(A, B, C)~~

## h) Emergency Electrical System

1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The emergency system shall consist of the life safety branch and the critical branch. ~~(B, C)~~

2) The source of this emergency electrical service shall be an emergency generating set or an approved dual source of normal power. ~~(B, C)~~

3) Life Safety Branch, Automatic Transfer Ten (10) Seconds.

A) Illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors, and all ways of approach to and through exits. ~~(A, B, C)~~

B) Exit signs and exit directional signs. ~~(A, B, C)~~

C) Sufficient lighting in dining room and recreation areas to provide illumination to exit ways. ~~(A, B, C)~~

D) Fire alarms activated at manual stations, by electric water flow alarm devices in connection with sprinkler systems, and by all automatic detection systems. ~~(A, B, C)~~

E) Communication systems, where these are used for issuing instructions during emergency conditions. ~~(A, B, C)~~

F) Task illumination, and selected receptacles at the generator set location. ~~(B, C)~~

4) Critical Branch, Automatic Transfer - 10 Seconds

A) Task illumination and selected receptacles in the nurse's



## Section 350.2740(h)(4)(A) (continued)

station including the medication preparation area. (B-~~7~~-G-)

B) Sump pumps and other equipment required to operate for the safety of major apparatus including associated control systems and alarms. (B-~~7~~-G-)

C) Elevator cab lighting and communication systems. (B-~~7~~-G-)

5) Critical Branch, Automatic or Manual Systems  
Heating equipment to provide heating for patient rooms.  
EXCEPTION: Where the facility is served by two (2) or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources is not likely to cause an interruption of more than one of the facility service feeders. (B-~~7~~-G-)

## 6) Details

A) The life safety and critical branch shall be in operation within ten (10) seconds after the interruption of normal electric power supply. (B-~~7~~-G-)

B) Receptacles connected to emergency power shall be distinctively marked. (B-~~7~~-G-)

C) The emergency generator shall not be solely dependent upon a public utility gas system for the fuel supply. Means shall be provided for automatically transferring from one fuel supply to another where dual fuel supplies are used. (B-~~7~~-G-)

D) Where fuel storage facilities are provided on the site, the fuel tank shall have minimum capacity for twenty-four (24) hour operation of the generator. (B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2920 Codes and Standards  
EMERGENCY

- a) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations which are enforced by City, County or other local jurisdictions. (B-~~7~~-G-)
- b) The 1981 Edition of the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code for existing structures and all appropriate references under Appendix "B" of that Code, but no subsequently amended edition of the Code, shall apply to and become a part of these standards. Pursuant to the Medicare-Medicaid certification requirements of 42 CFR 442.507(c) (1983), but no subsequently amended editions of these Federal regulations, any facility that on November 26, 1982 complied with the requirements of the 1967 edition of the Life Safety Code, rather than the 1981 edition of the Life Safety Code, will be accepted by the Department for licensure and certification as long as the facility continues to remain in compliance with the 1967 edition of the Code. (A, B-~~7~~-G-)

c) The following exceptions to the 1967 Life Safety Code have been established by the Department:

- 1) Facilities shall be of the following heights and construction types with sprinkler requirements identified in the Table C: (B-~~7~~-G-)
- 2) Dead-end corridors greater than fifty (50) feet in length shall be altered so that exits are accessible in at least two (2) directions from all points in aisles, passageways, and corridors. (B-~~7~~-G-)
- 3) Exit discharge doors and resident sleeping doors must be at least 34 inches in width. Width required is the width of the door leaf. ~~(C-)~~
- 4) All corridors shall be at least four (4) feet wide. ~~(C-)~~
- d) The following equivalencies have been established by the Department:
- 1) Where corridor partition walls are not continuous from the floor slab to the underside of the floor or roof slab above, through any concealed spaces such as those above the suspended ceilings and through interstitial structural and mechanical spaces, the following equivalencies are permitted: (B-~~7~~-G-)

A) A membrane ceiling which may be lath and plaster or drywall

## Section 350.2920(d)(1)(A) (continued)

or a lay-in ceiling with all tiles clipped down and with all clips remaining in place, or with all the tiles weighing at least one (1) pound per square foot. The ceiling may be suspended but it must be constructed continually from exterior wall to exterior wall and must be part of a 1-hour rated assembly. All recessed lights, all duct outlets and all speaker outlets, etc. must be properly protected in accordance with Code. Plenums are not allowed unless each outlet is properly protected. This concept is applicable only to 2-hour fire resistive and 1-hour protected noncombustible construction.

- B) A membrane ceiling of at least a one (1) hour rating (such as two layers of 5-8" Fire Code drywall) is acceptable for noncombustible, one (1) hour protected ordinary, ordinary, one (1) hour protected wood frame, wood frame and heavy timber construction.
- C) Corridor walls need not run up in 2-hour fire resistive and 1-hour protected noncombustible construction if automatic sprinklers are installed throughout.
- D) Smoke detectors may be used in lieu of continuous corridor wall construction all building construction types which are equipped throughout with an automatic extinguishment system required by these Standards. Automatic heat detectors, in lieu of automatic smoke detectors, may be installed in kitchens, laundry rooms, boiler-furnace rooms and attic spaces.
- 2) This equivalency is applicable only to those facilities which are in conformance with these requirements on the date of promulgation of these standards and only if the facility remains in conformance. The equivalency is applicable to facilities with nonconforming construction type. The following requirements must be met for facilities four stories or more in height of protected ordinary construction. ~~(C)~~
  - A) The fire resistance rating of all structural members must meet the two-hour fire resistive classification of NFPA 220, Standard Types of Building Construction, dated May, 1961, except that floor and roof framing members and nonbearing walls may be of combustible construction.
  - B) Smoke detectors must be installed in all resident rooms.

## Section 350.2920(d)(2)(B) (continued)

corridors, living areas, day rooms and in all hazardous and severely hazardous areas throughout the facility. However, automatic heat detectors may be installed, in lieu of automatic smoke detectors, in kitchens, laundry rooms, boiler-furnace rooms and attic spaces (places where smoke, dust and/or humidity sometimes activate smoke alarms when no fire is present, resulting in false fire alarms), if the facility chooses to do so for the purpose of reducing the number of false fire alarms. A zone readout identifying areas involved in a fire must be provided.

- C) All electrical systems shall meet the National Electrical Code in effect at the time of acceptance of the facility.
- D) Facility shall establish and enforce written procedures to prohibit smoking in resident sleeping rooms and corridors. Smoking is permitted only in controlled areas.
- E) A complete automatic extinguishment system shall be installed throughout the facility.
- F) All health survey deficiencies must be corrected.
- G) The physically handicapped residents shall be housed on the lowest sleeping room floor and ambulant residents may be housed on any floor.
- H) Complete smoke barriers including one-hour rated walls and 1-3/4 inch thick solid core wood corridor doors with closers shall be installed as directed by the Department.
- e) The following codes which were effective at the date of approval by the Department of the final drawings and specifications or the final inspection of the building apply: (B-G-)
  - 1) Illinois Plumbing Code  
Department of Public Health  
State of Illinois  
Environmental Health Protection
  - 2) Accessibility Standards Illustrated  
State of Illinois  
Capital Development Board

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## Section 350.2920(e) (continued)

- 3) Fire Prevention and Safety  
State of Illinois  
Office of the State Fire Marshal
- 4) Food Service Sanitation  
State of Illinois  
Department of Public Health  
Environmental Health Protection
- 5) Boiler Safety Act and Boiler and Pressure Vessel Safety Rules  
and Regulations.  
State of Illinois  
Office of the State Fire Marshal
- 6) State of Illinois, Safety Glazing Materials Act, 1971  
State of Illinois  
Department of Labor
- 7) These IDPH Standards govern in cases of differences between  
these IDPH Standards and the Codes and Standards listed before.  
(B, G)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2930 Preparation of Drawings and Specifications  
EMERGENCY

Drawings and specifications which are prepared for work which is required by these Standards shall be prepared in accordance with Section 52.03.00.00 of the Construction Standards for New Facilities. (G)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.2940 Site  
EMERGENCY

- a) Each facility shall comply with all applicable zoning ordinance and be located on a reasonably flat or rolling, well-drained site that is: not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in a deteriorated, unpleasant, or potentially hazardous area; and not near

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## Section 350.2940(a) (continued)

- uncontrolled sources of insect and rodent breeding. (G)
- b) Each facility shall be located in or near a community which can provide the necessary supportive services for the facility such as physicians' services, social services, transportation, recreational services, religious services, work, medical facilities, public utilities, or other acceptable substitutes; and be located on a well-maintained, all-weather road. (G)
- c) Each facility shall be served by a portable water supply with water pressure and volume that is acceptable to this Department. (G)
- d) Each facility shall have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. (G)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2950 Administration and Public Areas  
EMERGENCY

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas. (G)
- b) Each facility shall provided with sufficient administrative office space for clerical, financial, and managerial functions and provide satisfactory space which can be used for privacy in interviewing applicants, for discussion with relatives, etc. (G)
- c) Each facility shall be provided with satisfactory space or an office for the administrator. (G)
- d) Each facility shall be served by reliable telephone service. (G)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)



Section 350.2960 Nursing Unit  
EMERGENCY

a) General Requirements for Bedrooms

- 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door that swings into the room. Resident bedrooms shall have an entrance directly off a corridor with an entrance door that swings into the room. Rooms used as bedrooms and included in the licensed capacity as of December 24, 1987, which do not open directly into corridors but instead open into large living/dining/activity areas, are exempt from this rule. However, no additional such rooms will be permitted to be established after December 24, 1987. ~~-(C)-~~
  - 2) Resident bedroom shall have adequate and satisfactory artificial light and be equipped in accordance with Section 350.3040(c)(2) and (d).
  - 3) Resident toilet rooms shall open directly into a corridor or into a resident's bedroom. ~~-(B)-(C)-~~
  - 4) A closet or wardrobe at least six (6) square feet shall be provided for each resident. ~~-(C)-~~
  - 5) Each bedroom floor shall be no more than three (3) feet below the adjacent ground level. ~~-(C)-~~
  - 6) Each room used as a resident bedroom shall have at least one (1) outside window, and a total window area to the outside equal to at least one-tenth (1/10) the floor area of the room. ~~-(C)-~~
- b) Resident Bedroom
- 1) Single resident bedroom shall contain at least 100 square feet. Multiple resident bedroom shall contain at least 80 square feet per bed. Multiple bedrooms of not less than 70 square feet per bed may be approved by the Department if services can be provided. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways. ~~-(C)-~~
  - 2) Maximum room capacity shall be four (4) residents. Beds shall be at least three (3) feet apart and no more than three (3) deep from an outside wall. There shall be a minimum of ten (10) feet between walls or a wall and any built in furniture or storage space. Those facilities which had waivers to this rule as of

Section 350.2960(b)(2) (continued)

December 24, 1987, and which have at least 90 square feet for single bedrooms and 70 square feet for multi-bed rooms are exempt from this rule. Those facilities which had waivers as of December 24, 1987, but have less than 90 square feet for single bedrooms and 70 square feet for multi-bed rooms must continue to apply for a waiver on an annual basis. ~~-(C)-~~

c) Special Care Room

- 1) Provide a special care room for each one hundred-fifty (150) beds. ~~-(C)-~~
- 2) Provide this room with a toilet lavatory and all other necessary facilities to meet the resident's needs and as required to care for an ill resident. ~~-(C)-~~
- 3) This room shall be located to provide proper and efficient supervision of the resident by the nursing staff. ~~-(C)-~~
- 4) The room may be included in the authorized maximum bed capacity for the facility. It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

d) Nurses' Station

- 1) Provide a minimum of one (1) nurses' station on each floor. The station shall have direct access to a corridor, shall be located near the area it will serve, and shall be designed to provide visual control of the area. It shall be separated satisfactorily from the nurses' utility rooms. In Intermediate Care Facilities for the Developmentally Disabled one (1) nurses' station serving two (2) floors housing residents is acceptable if there are less than fifteen (15) beds on an adjacent floor which are served by the nurses' station. ~~-(B)-(C)-~~
- 2) At least one (1) nurses' station shall have a medicine sink with hot and cold running water, a work counter, a medicine cabinet, and necessary equipment and furnishings. ~~-(C)-~~
- 3) Provide a nurses' toilet and handwashing sink convenient to the nurses' station. ~~-(C)-~~

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## Section 350.2960 (continued)

## e) Bath and Toilet Rooms

- 1) The maximum capacity of resident beds on each floor shall be used to determine the number of fixtures required even though some of the beds are not occupied.

- A) Provide a minimum of one (1) water closet, one (1) lavatory, and one (1) bathtub or shower for each sex on each floor occupied by residents. ~~-(G)-~~
- B) Provide a minimum of one (1) lavatory and one (1) water closet for each ten (10) resident beds on each floor. ~~-(G)-~~
- C) Provide a minimum of one (1) bathtub or shower for each fifteen (15) resident beds on each floor. ~~-(G)-~~
- D) Each lavatory shall be provided with well illuminated mirror. ~~-(G)-~~
- 2) All bath and toilet rooms shall be easily accessible, and conveniently located. Group bath and toilet facilities shall be partitioned or curtained for privacy. ~~-(G)-~~

- 3) All showers, other than those for residents needing assistance in bathing, shall have minimum dimensions of three (3) feet by three (3) feet. ~~-(G)-~~

- 4) Shower stalls shall have a low or no curb at the entrance opening. Under certain circumstances this may be waived but in no instances can the curb be higher than three (3) inches. ~~-(G)-~~

- 5) If toilet rooms provide adjacent to residents' bedrooms are not large enough to permit use by wheelchair residents, at least one (1) toilet room or enclosure measuring five (5) feet by six (6) feet shall be provided on each floor housing residents. Provide a lavatory usable by wheelchair residents in this room. ~~-(G)-~~

- 6) Provide on each floor at least one (1) bathing facility or enclosure of not less than eight (8) feet six (6) inches by eight (8) feet six (6) inches with an acceptable system for assistance in bathing persons with physical disabilities. If a shower is installed instead of a bathtub, such shower shall have a minimum dimension of four (4) feet wide by three (3) feet six

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## Section 350.2960(e)(6) (continued)

- (6) inches deep. These showers shall have a water inlet to which is connected a flexible hose with spray or shower head attached to the end of the hose. If desired, a conventional shower head installation may also be provided but it must be valved off from the lower water inlet. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.2970 Living, Dining, Activities Rooms  
EMERGENCY

- a) Provide at least one (1) comfortably furnished living room and dining room for use of residents. ~~-(G)-~~

- 1) The room(s) shall be an outside room(s). Their combined areas shall be not less than forty (40) square feet per resident bed. ~~-(G)-~~

- 2) The dining room shall be sufficient in area to allow for proper and comfortable service for the residents. ~~-(G)-~~

- 3) Be located so that the room is not an entrance vestibule from the out-of-doors.

- 4) The furniture shall be arranged so that it is not an obstruction to traffic in or out of the facility. ~~-(G)-~~

- b) The activity room may be combined with the living and/or dining room.

- c) In multiple story buildings living rooms must be provided on each floor unless a variance to this requirement is approved in writing by the Department. ~~-(G)-~~

- d) Additional interior rooms may be used for television, craft, or similar activities.

- e) Under no circumstances shall any of these rooms be used as a bedroom. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

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## Section 350.2980 Treatment and Personal Care

EMERGENCY

Space and appropriate equipment shall be provided to meet the resident's needs for treatment, grooming and hair care. ~~(B-1-G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.2990 Service Department

EMERGENCY

## a) Kitchen

- 1) Provide a kitchen area, not including food storage area, of approximately ten (10) square feet per resident bed; this may be reduced for a facility with seventy-five (75) more beds. Any deviation from this requirement must receive approval from the Department. ~~(B-1-G)~~
- 2) Provide kitchen equipment in an arrangement for convenient operation, good sanitation, healthful working conditions and control of heat, noise and odors. ~~(B-1-G)~~
- 3) Provide appropriate equipment for preparation and serving of meals. ~~(B-1-G)~~
- 4) Provide refrigeration of perishable foods. ~~(B-1-G)~~
- 5) The kitchen shall be equipped with a two (2) compartment sink for washing and sanitizing dishes, pots, pans and utensils. ~~(B-1-G)~~ A commercial type dishwasher is recommended.
- 6) The kitchen shall be provided with a handwashing lavatory. ~~(B-1-G)~~
- 7) The walls and ceilings of all food handling rooms shall be finished with smooth, washable, light colored surfaces. ~~(B-1-G)~~
- 8) All openings to the outside shall be effectively screened during fly seasons, and screen doors shall be equipped with self-closing devices; or a satisfactory alternative method. ~~(B-1-G)~~
- 9) The kitchen shall be located so that no resident must pass through it to reach a bathroom, resident's bedroom, the living

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## Section 350.2990(a)(9) (continued)

room, dining room, or the out-of-doors. ~~(B-1-G)~~

- 10) Provide approximately two and one-half (2 1/2) square feet per patient bed for bulk and daily food storage located in a room convenient to the kitchen. ~~(B-1-G)~~

## b) Laundry

- 1) Provide a laundry room equipped with adequate facilities for satisfactorily doing all laundering, unless a commercial laundry service is used. ~~(B-1-G)~~
- 2) Provide satisfactory and separate areas for soiled holding and sorting and clean linen storage. These may be in the same room if well defined and adequate separation is provided. ~~(B-1-G)~~
- 3) The laundry facilities shall not be located in a room used by residents, or for food storage, preparation or serving. It shall be located so that soiled linens are not carried through a food handling area to reach it. ~~(B-1-G)~~

## c) Storage

- 1) Provide a total area of approximately seven and one-half (7 1/2) square feet per resident bed for the storage area required in this section. ~~(B-1-G)~~
- 2) Provide adequate storage space for personal possessions of residents and staff, linens, supplies, and other items. This storage shall be such that it does not constitute a fire or accident hazard and will not be in the way of residents or staff. ~~(B-1-G)~~
- 3) Provide adequate storage space in the facility, out of the way of residents and staff, to store wheelchairs, walkers, and similar equipment temporarily not being used. ~~(B-1-G)~~
- 4) Provide closets for cleaning supplies, janitor's sinks, linen closets, storerooms for luggage, furniture replacements, etc. ~~(B-1-G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)



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Section 350.3000 Building General  
EMERGENCY

## a) Elevators

- 1) Provide a minimum of one (1) elevator in all buildings of three (3) or more stories in height. Additional elevators shall be provided as determined by the Department. The basement, if it is used by residents, shall be considered as one (1) story. ~~(C)~~
- 2) If sixty (60) to two hundred (200) beds are located above the second floor, at least one (1) additional elevator shall be provided. If over two hundred (200) beds are located above the second floor, the number of additional elevators shall be determined by the Department. ~~(C)~~
- 3) The administrator of the facility must be able to demonstrate to the Department the ability to transfer a patient according to physician's orders using existing elevators and elevator doors. ~~(C)~~

## b) Handrails and Grab Bars

- 1) Handrails shall be provided on both sides of all corridors, stairs, and ramps. Handrails shall be one and one-half (1 1/2) inches in diameter and one and one-half (1 1/2) inches minimum clear of the wall. The height shall be thirty (30) to thirty-four (34) inches measured vertically from floor surface. Refer to State of Illinois Accessibility Standards (7) Ill. Adm. Code 400) for other acceptable handrail dimensions and details. ~~(B-1-C)~~
- 2) Grab bars shall be provided at all resident toilets, showers, tubs, sitz bath, etc. Refer to State of Illinois Accessibility Standards for grab bar dimensions and details. ~~(B-1-C)~~

## c) Ceiling Heights

- 1) All rooms occupied by or used by residents shall have not less than eight (8) feet ceiling height. ~~(C)~~
- 2) Corridors, storage rooms, toilet rooms and other minor rooms shall not be less than seven feet eight inches (7'-8") ceiling height. ~~(C)~~
- 3) Suspended pipes and etc. located in the path of traffic shall

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## Section 350.3000(c)(3) (continued)

not be less than six feet eight inches (6'-8") above the floor. ~~(C)~~

## d) Doors and Windows

- 1) Main entrance and exit doors shall swing outward and be provided with door closers and panic-hardware. ~~(B-1-C)~~
- 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. ~~(B-1-C)~~
- 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the occupant if the door can be unlocked from the corridor side and the keys are carried by the attendants at all times. ~~(B-1-C)~~
- 4) Resident toilet rooms shall open directly into a corridor or into a resident's bedroom. ~~(C)~~
- 5) The doors for the toilet rooms used by residents shall have a minimum door width of thirty (30) inches.
- 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency ingress to the room. ~~(C)~~
- 7) Thresholds or parting strips in doorways used by residents shall be flush with the floor. ~~(C)~~
- 8) Doors and windows shall fit snugly and be weather tight, and shall open and close easily. ~~(C)~~
- 9) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, 16-mesh screens. Screen doors shall be equipped with self-closing devices. ~~(C)~~

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## Section 350.3000 (continued)

- e) Floors
- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. (B-~~G~~-)
  - 2) Floors in bathrooms, kitchens, and utility rooms shall be completely covered with water resistant material. (B-~~G~~-)
- f) Walls and Ceilings
- 1) Walls and ceilings shall have sound construction, covered with plaster or sheet rock or similar material in good repair, and free from cracks or holes to permit proper cleaning. ~~(G-)~~
  - 2) Be constructed and maintained so as to prevent the entrance and harborage of rats, mice, flies, and other vermin. ~~(G-)~~
  - g) Exit corridor walls shall be one (1) hour fire rated construction. Adjoining open spaces shall not be greater than six hundred (600) square feet. Provide direct visual supervision of these open spaces and equip them with an electrically supervised smoke detection system. (B-~~G~~-)
  - h) There shall be at least one (1) approved fire extinguisher in all basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B-~~G~~-)
  - i) Approved containers with proper covers shall be provided for daily storage of rubbish. (B-~~G~~-)
  - j) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B-~~G~~-)
  - k) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the office of the State Fire Marshall if conditions in and around building, including its location, indicate that such additional protection is needed. (B-~~G~~-)
  - l) Facilities shall have no other business in the building which is

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## Section 350.3000(1) (continued)

unrelated to health care that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and must be approved by the Department. (A, B-~~G~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3010 Structural  
EMERGENCY

- a) Buildings and all parts thereof shall be maintained structurally to support all dead, live and lateral loads. (B-~~G~~-)
  - b) Buildings shall be maintained in good repair. Buildings that show signs of distress shall be repaired immediately. (B-~~G~~-)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3020 Mechanical Systems  
EMERGENCY

- a) Mechanical systems shall be maintained to assure proper working order and safe operation. Instructions in the operational use of the systems and equipment must be available at the facility. (B-~~G~~-)
- b) Thermal and Acoustical Insulation  
It is recommended that insulation be provided for the following:
  - 1) Boilers, smoke breeching, and stacks. ~~(G-)~~
  - 2) Steam supply and condensate return piping. ~~(G-)~~
  - 3) Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and converters. ~~(G-)~~
  - 4) Hot water piping above 125 degrees Fahrenheit which is exposed to contact by residents. ~~(G-)~~
  - 5) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point. ~~(G-)~~

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## Section 350.3020(b) (continued)

- 6) Water supply and drainage piping on which condensation may occur. ~~-(C)-~~
- 7) Air ducts and casings with outside surface temperature below ambient dew point. ~~-(C)-~~
- 8) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system. ~~-(C)-~~
- 9) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive systems heat loss or excessive heat gain.
- 10) Insulation on cold surfaces shall include an exterior vapor barrier. ~~-(C)-~~
- 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with ASTM Standard E 84. ~~-(C)-~~ Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building or do not penetrate a wall or roof or do not create an exposure hazard.
- c) Steam and Hot Water Systems. It is recommended that supply and return mains and risers for cooling, heating and process steam systems be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.
- d) Heating, Cooling, and Ventilating Systems
  - 1) The heating system shall be capable of maintaining a temperature of 75 degrees Fahrenheit in all resident use spaces. ~~-(C)-~~
  - 2) Auxiliary gas or electric space heaters of an approved closed type may be installed in areas requiring more heat than is produced by the central heating system. Heaters or furnaces of a type to be installed under, in, or on the floor are not permitted. ~~-(B)-(C)-~~
  - 3) All ventilation supply, return and exhaust systems shall be mechanically operated. ~~-(C)-~~

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## Section 350.3020(d) (continued)

- 4) The kitchen shall be provided with ventilation for reasonable comfort and with sufficient make-up air for the rangehood exhaust. ~~-(B)-(C)-~~
  - 5) The laundry shall be provided with ventilation for reasonable comfort and with air flowing from clean areas to soiled areas with exhaust to the outdoors. ~~-(B)-(C)-~~
  - 6) It is recommended that outdoor air intakes be located as far as practical but not less than fifteen (15) feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems should be located as high as practical but not less than 6 feet above ground level, or if installed above the roof, 3 feet above roof level.
  - 7) Air conditioning and ventilating systems shall be maintained to conform to the requirements of NFPA 90A. ~~-(A, B)-(C)-~~ Exception: For facilities not exceeding 25,000 cubic feet in volume, NFPA 90B shall apply except "pipeless floor furnaces" are not permitted.
  - 8) The hood and duct system for cooking equipment shall be in conformance with NFPA 96. That portion of the fire extinguishment system required for protection of the duct system maybe omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratory. ~~-(A, B)-(C)-~~
  - 9) Boiler rooms and other rooms housing combustion equipment shall be provided with sufficient outdoor air to maintain proper combustion rates. ~~-(A, B)-(C)-~~
  - 10) A capability shall be provided to maintain a temperature of at least fifty-five (55) degrees Fahrenheit for at least twelve (12) hours when the normal source of electrical power is interrupted. ~~-(A, B)-(C)-~~
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)



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## Section 350.3030 Plumbing Systems

EMERGENCY

- a) All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of water closets, lavatories, bath tubs, showers and other fixtures shall be as required by these Requirements and the facility program. (B-~~7~~-G-)
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials and shall be kept in good repair. ~~(C-)~~
  - 2) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface. ~~(C-)~~
  - 3) The kitchen two (2) compartment sink shall have one (1) compartment no less than fourteen (14) inches deep. ~~(C-)~~
  - 4) When existing showers or tubs are replaced or additional showers or tubs provided, the shower bases and tub bottoms shall be provided with nonslip surfaces. ~~(C-)~~
- c) Water Supply Systems
  - 1) Water supply systems shall be designed to supply potable water at sufficient pressure and volume to operate all plumbing fixtures and equipment during maximum demand periods. ~~(C-)~~
  - 2) It is recommended that each water service main, branch main, riser and branch to a group of fixtures be valved. Stop valves should be provided at each fixture.
  - 3) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B-~~7~~-G-)
  - 4) Hot water available to residents at shower bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. (A, B-~~7~~-G-)
  - 5) Protective measures, such as but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed

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## Section 350.3030(c)(5) (continued)

110 degrees Fahrenheit. (A, B-~~7~~-G-)

- d) Hot Water Heaters and Tanks. Water storage tanks shall be fabricated of corrosion resistant metal or lined with non-corrosive material. ~~(C-)~~
- e) Drainage Systems. Special precautions shall be taken to protect food preparation, serving or storage areas from possible leakage or condensation from necessary overhead piping systems. (B-~~7~~-G-)
- f) Fire Extinguishment Systems. All fire extinguishment systems shall be designed and installed in accordance with NFPA 101 and NFPA 13. All fire extinguishment systems shall be maintained in accordance with NFPA 13A. (A, B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3040 Electrical Requirements  
EMERGENCY

- a) The electrical installation for existing facilities shall continue to meet all the requirements of the National Electrical Code, effective at the time of approval by the Department of final drawings and specification or the inspection of the building. (A, B-~~7~~-G-)
- b) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. Overload protective devices shall be suitable for operating properly in ambient temperature conditions. ~~(C-)~~
- c) Lighting
  - 1) All spaces occupied by people, machinery, or equipment within buildings, approaches to buildings, and parking lots shall have lighting. ~~(C-)~~
  - 2) Resident's rooms shall have general lighting. A vandal-proof reading light shall be provided for each resident. ~~(C-)~~
- d) Receptacles (Convenience Outlets). Each resident room shall have adequate duplex type receptacles. ~~(C-)~~

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## Section 350.3040 (continued)

e) Door Alarm System. See Section 350.300(d)(2). (~~B-1-G~~)

f) Fire Alarm System

- 1) A manually-operated, electrically-supervised fire alarm system shall be installed. Pre-signal systems are not permitted. (~~A, B-1-G~~)
- 2) There shall be an approved fire detection and alarm system throughout the facility. (~~A, B-1-G~~)
- 3) The fire alarm signals shall automatically transmit the alarm to any available municipal fire department by direct private line or through an approved central station. (~~A, B-1-G~~)
- 4) Fire alarms shall be activated by manual stations and all detection systems and flow alarm devices and sprinkler systems. (~~A, B-1-G~~)

g) Emergency Electrical Requirements (~~B-1-G~~)

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. (~~B-1-G~~)
- 2) The source of this emergency electrical service shall be one of the following: (~~B-1-G~~)
  - A) An emergency generating set when the normal service is supplied by only one (1) central station transmission line.
  - B) Automatic battery operated systems or equipment that will be effective for four (4) or more hours and will be capable of supplying power for lighting for exit signs, exit corridors, stairways, nurses' stations, communication system, and all alarm systems, including the nurses' call system.
  - C) An approved dual source of normal power. Such a dual source of normal power shall consist of two (2) or more electrical services fed from separate generator sets or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the

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## Section 350.3040(g)(2)(C) (continued)

generating sources will not likely cause an interruption of more than one of the facility service feeders. An automatic transfer switch is required between the facility service feeders.

3) Provide emergency electrical service for: (~~B-1-G~~)

- A) illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors and all ways of approach to and through exits including outside lights,
- B) exit signs and exit directional signs,
- C) fire alarm and detection systems,
- D) communication systems which are used for issuing instructions,
- E) task illumination in the nurses' station.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3210 General  
EMERGENCY

- a) NO RESIDENT SHALL BE DEPRIVED OF ANY RIGHTS, BENEFITS, OR PRIVILEGES GUARANTEED BY LAW BASED ON THEIR STATUS AS A RESIDENT OF A FACILITY. (~~A, B-1-G~~)
- b) A RESIDENT SHALL BE PERMITTED TO RETAIN AND USE OR WEAR HIS PERSONAL PROPERTY IN HIS IMMEDIATE LIVING QUARTERS, UNLESS DEEMED MEDICALLY INAPPROPRIATE BY A PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD. (~~A-G~~)
- c) IF CLOTHING IS PROVIDED TO THE RESIDENT BY THE FACILITY IT SHALL BE OF A PROPER FIT. (~~A-G~~)
- d) THE FACILITY SHALL PROVIDE ADEQUATE AND CONVENIENT STORAGE SPACE FOR THE PERSONAL PROPERTY OF THE RESIDENT. (~~A-G~~)
- e) THE FACILITY SHALL PROVIDE A MEANS OF SAFEGUARDING SMALL ITEMS OF THE VALUE FOR ITS RESIDENTS IN THEIR ROOMS OR IN ANY OTHER PART OF THE

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Section 350.3210(e) (continued)

FACILITY SO LONG AS THE RESIDENTS HAVE DAILY ACCESS TO SUCH VALUABLES. ~~(C)~~

- f) THE FACILITY SHALL DEVELOP PROCEDURES FOR INVESTIGATING COMPLAINTS CONCERNING THEFT OF RESIDENT'S PROPERTY AND SHALL PROMPTLY INVESTIGATE ALL SUCH COMPLAINTS. ~~(C)~~
- g) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT MARRIED RESIDENTS RESIDING IN THE SAME FACILITY BE ALLOWED TO RESIDE IN THE SAME ROOM WITHIN THE FACILITY UNLESS THERE IS NO ROOM AVAILABLE IN THE FACILITY OR IT IS DEEMED MEDICALLY INADVISABLE BY THE RESIDENT'S ATTENDING PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S MEDICAL RECORDS. ~~(C)~~
- h) There shall be no traffic through a resident's room to reach any other area of the building. ~~(B, C)~~
- i) Children under sixteen (16) years of age who are related to employees or owners of a facility, and who are not themselves employees of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity. ~~(C)~~
- j) A RESIDENT MAY REFUSE TO PERFORM LABOR FOR A FACILITY. ~~(C)~~
- k) A RESIDENT SHALL BE PERMITTED THE FREE EXERCISE OF RELIGION. UPON A RESIDENT'S REQUEST, AND IF NECESSARY AT HIS EXPENSE, THE FACILITY ADMINISTRATOR SHALL MAKE ARRANGEMENTS FOR A RESIDENT'S ATTENDANCE AT RELIGIOUS SERVICES OF THE RESIDENT'S CHOICE. HOWEVER, NO RELIGIOUS BELIEFS OR PRACTICES, OR ATTENDANCE AT RELIGIOUS SERVICES, MAY BE IMPOSED UPON ANY RESIDENT. ~~(C)~~
- l) All facilities shall comply with the "Illinois Election Code" as it pertains to absentee voting for residents of licensed long-term care facilities. ~~(C)~~
- m) THE FACILITY SHALL IMMEDIATELY NOTIFY THE RESIDENT'S NEXT OF KIN, REPRESENTATIVE AND PHYSICIAN OF THE RESIDENT'S DEATH OR WHEN THE RESIDENT'S DEATH APPEARS TO BE IMMINENT. ~~(C)~~
- n) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or

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Section 350.3210(n) (continued)

related administrative matters arise. ~~(B, C)~~

- o) WHERE A RESIDENT, A RESIDENT'S REPRESENTATIVE OR A RESIDENT'S NEXT OF KIN BELIEVES THAT AN EMERGENCY EXISTS EACH OF THEM COLLECTIVELY OR SEPARATELY, MAY FILE A VERIFIED PETITION TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED FOR AN ORDER PLACING THE FACILITY UNDER THE CONTROL OF A RECEIVER. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3220 Medical and Personal Care Program  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO RETAIN THE SERVICES OF HIS OWN PERSONAL PHYSICIAN AT HIS OWN EXPENSE UNDER AN INDIVIDUAL OR GROUP PLAN OF HEALTH INSURANCE, OR UNDER ANY PUBLIC OR PRIVATE ASSISTANCE PROGRAM PROVIDING SUCH COVERAGE. ~~(B, C)~~
- b) THE DEPARTMENT SHALL NOT PRESCRIBE THE COURSE OF MEDICAL TREATMENT PROVIDED TO AN INDIVIDUAL RESIDENT BY THE RESIDENT'S PHYSICIAN IN A FACILITY. ~~(C)~~
- c) EVERY RESIDENT SHALL BE PERMITTED TO OBTAIN FROM HIS OWN PHYSICIAN OR THE PHYSICIAN ATTACHED TO THE FACILITY COMPLETE AND CURRENT INFORMATION CONCERNING HIS MEDICAL DIAGNOSIS, TREATMENT AND PROGNOSIS IN TERMS AND LANGUAGE THE RESIDENT CAN REASONABLY BE EXPECTED TO UNDERSTAND. ~~(C)~~
- d) EVERY RESIDENT SHALL BE PERMITTED TO PARTICIPATE IN THE PLANNING OF HIS TOTAL CARE AND MEDICAL TREATMENT TO THE EXTENT THAT HIS CONDITION PERMITS. ~~(C)~~
- e) NO RESIDENT SHALL BE SUBJECTED TO EXPERIMENTAL RESEARCH OR TREATMENT WITHOUT FIRST OBTAINING HIS INFORMED, WRITTEN CONSENT. THE CONDUCT OF ANY EXPERIMENTAL RESEARCH OR TREATMENT SHALL BE AUTHORIZED AND MONITORED BY AN INSTITUTIONAL REVIEW COMMITTEE APPOINTED BY THE ADMINISTRATOR OF THE FACILITY WHERE SUCH RESEARCH AND TREATMENT IS CONDUCTED. ~~(A, B, C)~~
- f) EVERY RESIDENT SHALL BE PERMITTED TO REFUSE MEDICAL TREATMENT AND TO KNOW THE CONSEQUENCES OF SUCH ACTION, UNLESS SUCH REFUSAL WOULD BE HARMFUL TO THE HEALTH AND SAFETY OF OTHERS AND SUCH HARM IS



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## Section 350.3220(f) (continued)

DOCUMENTED BY A PHYSICIAN IN THE RESIDENT'S CLINICAL RECORD. (B-~~7~~-~~6~~-)

- g) EVERY RESIDENT, RESIDENT'S GUARDIAN, OR PARENT IF THE RESIDENT IS A MINOR SHALL BE PERMITTED TO INSPECT AND COPY ALL HIS CLINICAL AND OTHER RECORDS CONCERNING HIS CARE AND MAINTENANCE KEPT BY THE FACILITY OR BY HIS PHYSICIAN (see Section 2-104(c) of the Act). EVERY RESIDENT'S REPRESENTATIVE SHALL BE PERMITTED TO INSPECT AND COPY THE RESIDENT'S RECORDS. A "RESIDENT'S REPRESENTATIVE" IS A PERSON, OTHER THAN THE OWNER OR AN AGENT OR EMPLOYEE OF A FACILITY WHO IS NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED (see Sections 2-202(h) and 1-123 of the Act). ~~(C)~~

- h) A RESIDENT SHALL BE PERMITTED RESPECT AND PRIVACY IN HIS MEDICAL AND PERSONAL CARE PROGRAM. EVERY RESIDENT'S CASE DISCUSSION, CONSULTATION, EXAMINATION AND TREATMENT SHALL BE CONFIDENTIAL AND SHALL BE CONDUCTED DISCREETLY, AND THOSE PERSONS NOT DIRECTLY INVOLVED IN THE RESIDENT'S CARE MUST HAVE HIS PERMISSION TO BE PRESENT. (B-~~7~~-~~6~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3230 Restraints  
EMERGENCY

- a) NEITHER PHYSICAL RESTRAINTS NOR CONFINEMENTS SHALL BE EMPLOYED FOR THE PURPOSE OF PUNISHMENT OR FOR THE CONVENIENCE OF ANY FACILITY PERSONNEL. NO PHYSICAL RESTRAINTS OR CONFINEMENTS SHALL BE EMPLOYED EXCEPT AS ORDERED BY A PHYSICIAN WHO DOCUMENTS THE NEED FOR SUCH RESTRAINTS OR CONFINEMENTS IN THE RESIDENT'S CLINICAL RECORD. (B-~~7~~-~~6~~-)

- b) Restraints and confinements may be employed only when necessary to prevent a resident from injuring himself or others. The physician's written authorization shall specify the precise time periods and conditions in which any restraints and confinements shall be employed. (B-~~7~~-~~6~~-)

- c) No chemical, medication or tranquilizer shall be employed by a facility as a restraint or confinement in lieu of or in addition to any physical restraint or confinement. Such chemicals, medications

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## Section 350.3230(c) (continued)

or tranquilizers may only be employed as part of a duly prescribed therapeutic medical treatment program authorized by the resident's physician and documented in the resident's clinical record. (B-~~7~~-~~6~~-)

- d) No resident shall be subjected to any behavior modification program which utilizes restraints, confinements, or aversive stimuli of any nature unless and until the informed consent of such resident, resident's guardian, or parent of a minor resident has been obtained. (B-~~7~~-~~6~~-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3240 Abuse and Neglect  
EMERGENCY

- a) AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT A RESIDENT. (A, B-~~7~~-~~6~~-)
- b) A FACILITY EMPLOYEE OR AGENT WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER TO THE FACILITY ADMINISTRATOR. ~~(C)~~
- c) A FACILITY ADMINISTRATOR WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER BY TELEPHONE AND IN WRITING TO THE RESIDENT'S REPRESENTATIVE, OR IF HE IS NOT AVAILABLE THEN TO THE DEPARTMENT. ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3250 Communication and Visitation  
EMERGENCY

- a) EVERY RESIDENT SHALL BE PERMITTED UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION OF HIS CHOICE BY MAIL, PUBLIC TELEPHONE OR VISITATION. ~~(C)~~
- b) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT CORRESPONDENCE IS CONVENIENTLY RECEIVED AND MAILED, AND THAT TELEPHONES ARE REASONABLY ACCESSIBLE. ~~(C)~~
- c) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT RESIDENTS MAY HAVE

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## Section 350.3250(c) (continued)

PRIVATE VISITS AT ANY REASONABLE HOUR UNLESS SUCH VISITS ARE NOT MEDICALLY ADVISABLE FOR THE RESIDENT AS DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD BY THE RESIDENT'S PHYSICIAN. ~~-(G)-~~

- d) The facility shall allow daily visiting between 10 A.M. and 8 P.M. These visiting hours shall be posted in plain view of visitors. ~~-(G)-~~
- e) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT SPACE FOR VISITS IS AVAILABLE AND THAT FACILITY PERSONNEL KNOCK, EXCEPT IN AN EMERGENCY, BEFORE ENTERING ANY RESIDENT'S ROOM. ~~-(G)-~~
- f) UNIMPEDDED, PRIVATE AND UNCENSORED COMMUNICATION BY MAIL, PUBLIC TELEPHONE, AND VISITATION MAY BE REASONABLY RESTRICTED BY A PHYSICIAN ONLY IN ORDER TO PROTECT THE RESIDENT OR OTHERS FROM HARM, HARASSMENT OR INTIMIDATION PROVIDED THAT THE REASON FOR ANY SUCH RESTRICTION IS PLACED IN THE RESIDENT'S CLINICAL RECORD BY THE PHYSICIAN AND THAT NOTICE OF SUCH RESTRICTION SHALL BE GIVEN TO ALL RESIDENTS UPON ADMISSION. ~~-(G)-~~

- g) NOTWITHSTANDING REGULATION SECTION 350.3250(f) ABOVE, ALL LETTERS ADDRESSED BY A RESIDENT TO THE GOVERNOR, MEMBERS OF THE GENERAL ASSEMBLY, ATTORNEY GENERAL, JUDGES, STATE'S ATTORNEYS, OFFICERS OF THE DEPARTMENT, OF LICENSED ATTORNEYS AT LAW SHALL BE FORWARDED AT ONCE TO THE PERSONS TO WHOM THEY ARE ADDRESSED WITHOUT EXAMINATION BY FACILITY PERSONNEL. LETTERS IN REPLY FROM THE OFFICIALS AND ATTORNEYS MENTIONED ABOVE SHALL BE DELIVERED TO THE RECIPIENT WITHOUT EXAMINATION BY FACILITY PERSONNEL. ~~-(G)-~~

- h) ANY EMPLOYEE OR AGENT OF A PUBLIC AGENCY, ANY REPRESENTATIVE OF A COMMUNITY LEGAL SERVICES PROGRAM OR ANY MEMBER OF A COMMUNITY ORGANIZATION SHALL BE PERMITTED ACCESS AT REASONABLE HOURS TO ANY INDIVIDUAL RESIDENT OF ANY FACILITY, IF THE PURPOSE OF SUCH AGENCY, PROGRAM OR ORGANIZATION INCLUDES RENDERING ASSISTANCE TO RESIDENTS WITHOUT CHARGE, BUT ONLY IF THERE IS NEITHER A COMMERCIAL PURPOSE NOR AFFECT TO SUCH ACCESS AND IF THE PURPOSE IS TO DO ANY OF THE FOLLOWING:

- 1) VISIT, TALK WITH AND MAKE PERSONAL, SOCIAL, AND LEGAL SERVICES AVAILABLE TO ALL RESIDENTS; ~~-(G)-~~
- 2) INFORM RESIDENTS OF THEIR RIGHTS AND ENTITLEMENTS AND THEIR CORRESPONDING OBLIGATIONS, UNDER FEDERAL AND STATE LAWS, BY MEANS OF EDUCATIONAL MATERIALS AND DISCUSSIONS IN GROUPS AND WITH INDIVIDUAL RESIDENTS; ~~-(G)-~~

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## Section 350.3250(h) (continued)

- 3) ASSIST RESIDENTS IN ASSERTING THEIR LEGAL RIGHTS REGARDING CLAIMS FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SOCIAL SECURITY BENEFITS AS WELL AS IN ALL OTHER MATTERS IN WHICH RESIDENTS ARE AGGRIEVED. ASSISTANCE MAY INCLUDE COUNSELING AND LITIGATION; OR ~~-(G)-~~
- 4) ENGAGE IN OTHER METHODS OF ASSERTING, ADVISING AND REPRESENTING RESIDENTS SO AS TO EXTEND TO THEM FULL ENJOYMENT OF THEIR RIGHTS. ~~-(G)-~~
- 1) NO VISITOR SHALL ENTER THE IMMEDIATE LIVING AREA OF ANY RESIDENT WITHOUT FIRST IDENTIFYING HIMSELF AND THEN RECEIVING PERMISSION FROM THE RESIDENT TO ENTER. THE RIGHTS OF OTHER RESIDENTS PRESENT IN THE ROOM SHALL BE RESPECTED. (B-~~-(G)-~~)
- j) A RESIDENT MAY TERMINATE AT ANY TIME A VISIT BY A PERSON HAVING ACCESS TO THE RESIDENT'S LIVING AREA. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3260 Resident's Funds  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO MANAGE HIS OWN FINANCIAL AFFAIRS UNLESS HE OR HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT, AUTHORIZES THE ADMINISTRATOR OF THE FACILITY IN WRITING TO MANAGE SUCH RESIDENT'S FINANCIAL AFFAIRS UNDER SUBSECTIONS (b) through (n) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-102)
- b) THE FACILITY SHALL AT THE TIME OF ADMISSION, PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN STATEMENT EXPLAINING THE RESIDENT'S RIGHTS REGARDING PERSONAL FUNDS AND LISTING THE SERVICES FOR WHICH THE RESIDENT WILL BE CHARGED, AND OBTAIN A SIGNED ACKNOWLEDGEMENT FROM EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, THAT SUCH PERSON HAS RECEIVED THE STATEMENT. ~~-(G)-~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(1))
- c) THE FACILITY MAY ACCEPT FUNDS FROM A RESIDENT FOR SAFEKEEPING AND MANAGING, IF IT RECEIVES WRITTEN AUTHORIZATION FROM, IN ORDER OF PRIORITY, THE RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE



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## Section 350.3260(c) (continued)

RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY; SUCH AUTHORIZATION SHALL BE ATTESTED TO BY A WITNESS WHO HAS NO PECUNIARY INTEREST IN THE FACILITY OR ITS OPERATIONS, AND WHO IS NOT CONNECTED IN ANY WAY TO FACILITY PERSONNEL OR THE ADMINISTRATOR IN ANY MANNER WHATSOEVER. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(2))

d) THE FACILITY SHALL MAINTAIN AND ALLOW, IN ORDER OF PRIORITY, EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, ACCESS TO A WRITTEN RECORD OF ALL FINANCIAL ARRANGEMENTS AND TRANSACTIONS INVOLVING THE INDIVIDUAL RESIDENT'S FUNDS. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(3))

e) THE FACILITY SHALL PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN ITEMIZED STATEMENT AT LEAST QUARTERLY, OF ALL FINANCIAL TRANSACTIONS INVOLVING THE RESIDENT'S FUNDS. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(4))

f) THE FACILITY SHALL PURCHASE A SURETY BOND TO GUARANTEE THE SECURITY OF RESIDENT'S FUNDS. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(5))

g) THE FACILITY SHALL KEEP ANY FUNDS RECEIVED FROM A RESIDENT FOR SAFEKEEPING IN AN ACCOUNT SEPARATE FROM THE FACILITY'S FUNDS, AND SHALL AT NO TIME WITHDRAW ANY PART OR ALL OF SUCH FUNDS FOR ANY PURPOSE OTHER THAN TO RETURN THE FUNDS TO THE RESIDENT UPON THE REQUEST OF THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH REQUEST, TO PAY THE RESIDENT HIS ALLOWANCE, OR TO MAKE ANY OTHER PAYMENT AUTHORIZED BY THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH AUTHORIZATION. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(6))

h) THE FACILITY SHALL DEPOSIT ANY FUNDS RECEIVED FROM A RESIDENT IN EXCESS OF \$100 IN AN INTEREST BEARING ACCOUNT INSURED BY AGENCIES OF, OR CORPORATIONS CHARTERED BY, THE STATE OR FEDERAL GOVERNMENT. THE ACCOUNT SHALL BE IN A FORM WHICH CLEARLY INDICATES THAT THE FACILITY HAS ONLY A FIDUCIARY INTEREST IN THE FUNDS AND ANY INTEREST FROM THE ACCOUNT SHALL ACCRUE TO THE RESIDENT. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

i) THE FACILITY MAY KEEP UP TO \$100 OF A RESIDENT'S MONEY IN A NON-INTEREST BEARING ACCOUNT OR PETTY CASH FUND, TO BE READILY

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## Section 350.3260(1) (continued)

AVAILABLE FOR THE RESIDENT'S CURRENT EXPENDITURES. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

j) THE FACILITY SHALL RETURN TO THE RESIDENT, OR THE PERSON WHO EXECUTED THE WRITTEN AUTHORIZATION REQUIRED IN SUBSECTION (c) OF THIS SECTION, UPON WRITTEN REQUEST, ALL OR ANY PART OF THE RESIDENT'S FUNDS GIVEN THE FACILITY FOR "AFEKEEPING, INCLUDING THE INTEREST ACCRUED FROM DEPOSITS. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(8))

k) THE FACILITY SHALL PLACE ANY MONTHLY ALLOWANCE TO WHICH A RESIDENT IS ENTITLED IN THAT RESIDENT'S PERSONAL ACCOUNT, OR GIVE IT TO THE RESIDENT, UNLESS THE FACILITY HAS WRITTEN AUTHORIZATION FROM THE RESIDENT OR THE RESIDENT'S GUARDIAN, OR IF THE RESIDENT IS A MINOR, HIS PARENT, TO HANDLE IT DIFFERENTLY. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(9))

l) UNLESS OTHERWISE PROVIDED BY STATE LAW, THE FACILITY SHALL UPON THE DEATH OF A RESIDENT PROVIDE THE EXECUTOR OR ADMINISTRATOR OF THE RESIDENT'S ESTATE WITH A COMPLETE ACCOUNTING OF ALL THE RESIDENT'S PERSONAL PROPERTY, INCLUDING ANY FUNDS OF THE RESIDENT BEING HELD BY THE FACILITY. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(10))

m) IF AN ADULT RESIDENT IS INCAPABLE OF MANAGING HIS FUNDS AND DOES NOT HAVE A RESIDENT'S REPRESENTATIVE, GUARDIAN, OR AN IMMEDIATE FAMILY MEMBER THE FACILITY SHALL NOTIFY THE OFFICE OF THE STATE GUARDIAN OF THE GUARDIANSHIP AND ADVOCACY COMMISSION. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(11))

n) IF THE FACILITY IS SOLD, THE SELLER SHALL PROVIDE THE BUYER WITH A WRITTEN VERIFICATION BY A PUBLIC ACCOUNTANT OF ALL RESIDENTS' MONIES AND PROPERTIES BEING TRANSFERRED, AND OBTAIN A SIGNED RECEIPT FROM THE NEW OWNER. ~~(c)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(12))

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3270 Residents' Advisory Council  
EMERGENCY

Each resident shall have the right to participate in a residents' advisory



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## Section 350.3270 (continued)

council as indicated in regulations Section 350.650(a) through (m). ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3280 Contract With Facility  
EMERGENCY

Each resident shall have the right to contract with the facility as indicated in regulations Section 350.640(a) through (s). ~~(C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3290 Private Right of Action  
EMERGENCY

a) Each resident shall have the right to maintain a private right of action against a facility as described in regulations Section 350.3290(b) through (1).

b) THE OWNER AND LICENSEE OF A FACILITY ARE LIABLE TO A RESIDENT FOR ANY INTENTIONAL OR NEGLIGENT ACT OR OMISSION OF THEIR AGENTS OR EMPLOYEES WHICH INJURES THE RESIDENT.

c) THE LICENSEE SHALL PAY THREE (3) TIMES THE ACTUAL DAMAGES, OR \$500, WHICHEVER IS GREATER, AND COSTS AND ATTORNEY'S FEES TO A FACILITY RESIDENT WHOSE RIGHTS AS SPECIFIED IN PART 1 OF ARTICLE II OF THE ACT ARE VIOLATED.

d) A RESIDENT MAY MAINTAIN AN ACTION UNDER THIS ACT AND THESE REGULATIONS FOR ANY OTHER TYPE OF RELIEF, INCLUDING INJUNCTIVE AND DECLARATORY RELIEF, PERMITTED BY LAW.

e) ANY DAMAGES RECOVERABLE UNDER REGULATIONS SECTION 350.3290(b) THROUGH (1), INCLUDING MINIMUM DAMAGES AS PROVIDED BY THESE REGULATIONS, MAY BE RECOVERED IN ANY ACTION WHICH A COURT MAY AUTHORIZE TO BE BROUGHT AS A CLASS ACTION PURSUANT TO THE CIVIL PRACTICE LAW (Ill. Rev. Stat. 1981, ch. 110, pars. 2-801 through 2-806). THE REMEDIES PROVIDED IN SECTION 350.3290(b) THROUGH (1) ARE IN ADDITION TO AND CUMULATIVE WITH ANY OTHER LEGAL REMEDIES AVAILABLE TO A RESIDENT. EXHAUSTION OF ANY AVAILABLE ADMINISTRATIVE REMEDIES SHALL NOT BE REQUIRED PRIOR TO COMMENCEMENT OF A SUIT HEREUNDER.

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3290 (continued)

f) THE AMOUNT OF DAMAGES RECOVERED BY A RESIDENT IN AN ACTION BROUGHT UNDER REGULATIONS SECTION 350.3290(b) THROUGH (1) SHALL BE EXEMPT FOR PURPOSES OF DETERMINING INITIAL OR CONTINUING ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER THE ILLINOIS PUBLIC AID CODE, (Ill. Rev. Stat. 1981, ch. 23, pars. 1-1 et seq.) AS NOW OR HEREFTER AMENDED, AND SHALL NEITHER BE TAKEN INTO CONSIDERATION NOR REQUIRED TO BE APPLIED TOWARD THE PAYMENT OR PARTIAL PAYMENT OF THE COST OF MEDICAL CARE OR SERVICES AVAILABLE UNDER THE ILLINOIS PUBLIC AID CODE.

g) ANY WAIVER BY A RESIDENT OR HIS LEGAL REPRESENTATIVE OF THE RIGHT TO COMMENCE AN ACTION UNDER SECTION 350.3290(b) THROUGH (1), WHETHER ORAL OR IN WRITING, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

h) ANY PARTY TO AN ACTION BROUGHT UNDER SECTION 350.3290(b) THROUGH (1) SHALL BE ENTITLED TO A TRIAL BY JURY AND ANY WAIVER OF THE RIGHT TO A TRIAL BY JURY, WHETHER ORAL OR IN WRITING, PRIOR TO THE COMMENCEMENT OF AN ACTION, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

i) A LICENSEE OR ITS AGENTS OR EMPLOYEES SHALL NOT TRANSFER, DISCHARGE, EVICT, HARASS, DISMISS, OR RETALIATE AGAINST A RESIDENT, A RESIDENT'S REPRESENTATIVE, OR AN EMPLOYEE OR AGENT WHO MAKES A REPORT OF RESIDENT ABUSE OR NEGLECT, BRINGS OR TESTIFIES IN A PRIVATE RIGHT OF ACTION, OR FILES A COMPLAINT, BECAUSE OF THE SUCH ACTION OR TESTIMONY. ~~(B--C)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3300 Transfer and/or Discharge  
EMERGENCY

a) A RESIDENT MAY BE VOLUNTARILY DISCHARGED FROM A FACILITY AFTER HE GIVES THE ADMINISTRATOR, A PHYSICIAN, OR A NURSE OF THE FACILITY WRITTEN NOTICE OF HIS DESIRE TO BE DISCHARGED. IF A GUARDIAN HAS BEEN APPOINTED FOR A RESIDENT OR IF THE RESIDENT IS A MINOR, THE RESIDENT SHALL BE DISCHARGED UPON WRITTEN CONSENT OF HIS GUARDIAN OF IF THE RESIDENT IS A MINOR, HIS PARENT UNLESS THERE IS A COURT ORDER TO THE CONTRARY. IN SUCH CASES, UPON THE RESIDENT'S DISCHARGE, THE FACILITY IS RELIEVED FROM ANY RESPONSIBILITY FOR THE RESIDENT'S CARE SAFETY OR WELL-BEING. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-111) ~~(C)~~

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## Section 350.3300 (continued)

b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsections (c) through (y) of this Section.

c) Reasons for Transfer or Discharge

1) A FACILITY MAY INVOLUNTARY TRANSFER OR DISCHARGE A RESIDENT ONLY FOR ONE OR MORE OF THE FOLLOWING REASONS: ~~SHALL NOT INVOLUNTARILY TRANSFER OR DISCHARGE A RESIDENT EXCEPT~~

A) FOR MEDICAL REASONS. ~~—~~

B) FOR THE RESIDENT'S PHYSICAL SAFETY. ~~—OR—~~

C) FOR THE PHYSICAL SAFETY OF OTHER RESIDENTS, THE FACILITY STAFF OR FACILITY VISITORS. ~~—OR—~~

D) FOR EITHER LATE PAYMENT OR NONPAYMENT FOR THE RESIDENT'S STAY, EXCEPT AS PROHIBITED BY TITLE XVIII AND XIX OF THE FEDERAL SOCIAL SECURITY ACT. FOR PURPOSES OF THIS SECTION, "LATE PAYMENT" MEANS NON-RECEIPT OF PAYMENT AFTER SUBMISSION OF A BILL. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS AFTER SUBMISSION OF A BILL, THE FACILITY MAY SEND A NOTICE TO THE RESIDENT AND RESPONSIBLE PARTY REQUESTING PAYMENT WITHIN 30 DAYS. IF PAYMENT IS NOT RECEIVED WITHIN SUCH 30 DAYS, THE FACILITY MAY THEREUPON INSTITUTE TRANSFER OR DISCHARGE PROCEEDINGS BY SENDING A NOTICE OF TRANSFER OR DISCHARGE TO THE RESIDENT AND RESPONSIBLE PARTY BY REGISTERED OR CERTIFIED MAIL. THE NOTICE SHALL STATE, IN ADDITION TO THE REQUIREMENTS OF SECTION 3-403 OF THE ACT and subsection (e) of this Section, THAT THE RESPONSIBLE PARTY HAS THE RIGHT TO PAY THE AMOUNT OF THE BILL IN FULL UP TO THE DATE THE TRANSFER OR DISCHARGE IS TO BE MADE AND THEN THE RESIDENT SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. SUCH PAYMENT SHALL TERMINATE THE TRANSFER OR DISCHARGE PROCEEDINGS. THIS SUBSECTION DOES NOT APPLY TO THOSE RESIDENTS WHOSE CARE IS PROVIDED UNDER THE ILLINOIS PUBLIC AID CODE. (B—G) (111. Rev. Stat. 1987 ~~→~~1985, ch. 111 1/2, par. 4153-401)

2) Prohibition of Discrimination

~~1)~~ A) A FACILITY PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM IS PROHIBITED FROM FAILING OR REFUSING TO RETAIN AS A RESIDENT ANY PERSON BECAUSE THE RESIDENT IS A RECIPIENT OF

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(c)(2)(A) (continued)

OR AN APPLICANT FOR THE MEDICAL ASSISTANCE PROGRAM. FOR THE PURPOSES OF THIS SECTION, A RECIPIENT OR APPLICANT SHALL BE CONSIDERED A RESIDENT IN THE FACILITY DURING ANY HOSPITAL STAY TOTALING TEN DAYS OR LESS FOLLOWING A HOSPITAL ADMISSION. The day on which a resident is discharged from the facility and admitted to the hospital shall be considered the first day of the ten-day period. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(a)).

~~2)~~ B) A FACILITY WHICH VIOLATES SUBSECTION (c)(2)(A) ~~(1)~~ OF THIS SECTION SHALL BE GUILTY OF A BUSINESS OFFENSE AND FINED NOT LESS THAN \$500 NOR MORE THAN \$1,000 FOR THE FIRST OFFENSE AND NOT LESS THAN \$1,000 NOR MORE THAN \$5,000 FOR EACH SUBSEQUENT OFFENSE. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(b))

d) INVOLUNTARY TRANSFER OR DISCHARGE OF A RESIDENT FROM A FACILITY SHALL BE PRECEDED BY THE DISCUSSION REQUIRED UNDER SUBSECTION (j) OF THIS SECTION AND BY A MINIMUM WRITTEN NOTICE OF 21 DAYS. THE 21-DAY REQUIREMENT SHALL NOT APPLY IN ANY OF THE FOLLOWING INSTANCES:

- 1) WHEN AN EMERGENCY TRANSFER OR DISCHARGE IS MANDATED BY THE RESIDENT'S HEALTH CARE NEEDS AND IS IN ACCORD WITH THE WRITTEN ORDERS AND MEDICAL JUSTIFICATION OF THE ATTENDING PHYSICIAN; (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(a))
- 2) WHEN THE TRANSFER OR DISCHARGE IS MANDATED BY THE PHYSICAL SAFETY OF OTHER RESIDENTS AS DOCUMENTED IN THE CLINICAL RECORD. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(b))

e) THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE ON A FORM PRESCRIBED BY THE DEPARTMENT AND SHALL CONTAIN ALL OF THE FOLLOWING:

- 1) THE STATED REASON FOR THE PROPOSED TRANSFER OR DISCHARGE; ~~(G)~~ (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(a))
- 2) THE EFFECTIVE DATE OF THE PROPOSED TRANSFER OR DISCHARGE; ~~(G)~~ (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(b))
- 3) A STATEMENT IN NOT LESS THAN 12-POINT TYPE, WHICH READS: "YOU HAVE A RIGHT TO APPEAL THE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK YOU SHOULD NOT HAVE TO LEAVE THIS FACILITY, YOU MAY FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT OF PUBLIC HEALTH WITHIN 10 DAYS AFTER RECEIVING THIS



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(e)(3) (continued)

NOTICE. IF YOU REQUEST A HEARING, IT WILL BE HELD NOT LATER THAN TEN (10) DAYS AFTER YOUR REQUEST, AND YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED DURING THAT TIME. IF THE DECISION FOLLOWING THE HEARING IS NOT IN YOUR FAVOR, YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED PRIOR TO THE EXPIRATION OF 30 DAYS FOLLOWING RECEIPT OF THE ORIGINAL NOTICE OF THE TRANSFER OR DISCHARGE. A FORM TO APPEAL THE FACILITY'S DECISION AND TO REQUEST A HEARING IS ATTACHED. IF YOU HAVE ANY QUESTIONS, CALL THE DEPARTMENT OF PUBLIC HEALTH AT THE TELEPHONE NUMBER LISTED BELOW." ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(c))

- 4) A HEARING REQUEST FORM, TOGETHER WITH A POSTAGE PAID, PREADDRESSED ENVELOPE TO THE DEPARTMENT; AND ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(d))
- 5) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON CHARGED WITH THE RESPONSIBILITY OF SUPERVISING THE TRANSFER OR DISCHARGE. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(e))
- f) A REQUEST FOR A HEARING MADE UNDER SUBSECTION (e) OF THIS SECTION SHALL STAY A TRANSFER PENDING A HEARING OR APPEAL OF THE DECISION, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-404)
- g) A COPY OF THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE PLACED IN THE RESIDENT'S CLINICAL RECORD AND A COPY SHALL BE TRANSMITTED TO THE DEPARTMENT, THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, AND, IF THE RESIDENT'S CARE IS PAID FOR IN WHOLE OR PART THROUGH TITLE XIX, TO THE DEPARTMENT OF PUBLIC AID. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-405)
- h) WHEN THE BASIS FOR AN INVOLUNTARY TRANSFER OR DISCHARGE IS THE RESULT OF AN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO A RECIPIENT OF TITLE XIX AND A HEARING REQUEST IS FILED WITH THE DEPARTMENT OF PUBLIC AID, THE 21-DAY WRITTEN NOTICE PERIOD SHALL NOT BEGIN UNTIL A FINAL DECISION IN THE MATTER IS RENDERED BY THE DEPARTMENT OF PUBLIC AID OR A COURT OF COMPETENT JURISDICTION AND NOTICE OF THAT FINAL DECISION IS RECEIVED BY THE RESIDENT AND THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-406)
- i) WHEN NONPAYMENT IS THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE,

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(i) (continued)

- THE RESIDENT SHALL HAVE THE RIGHT TO REDEEM UP TO THE DATE THAT THE DISCHARGE OR TRANSFER IS TO BE MADE AND THEN SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-407)
- j) THE PLANNED INVOLUNTARY TRANSFER OR DISCHARGE SHALL BE DISCUSSED WITH THE RESIDENT, THE RESIDENT'S REPRESENTATIVE AND PERSON OR AGENCY RESPONSIBLE FOR THE RESIDENT'S PLACEMENT, MAINTENANCE, AND CARE IN THE FACILITY. THE EXPLANATION AND DISCUSSION OF THE REASONS FOR INVOLUNTARY TRANSFER OR DISCHARGE SHALL INCLUDE THE FACILITY ADMINISTRATOR OR OTHER APPROPRIATE FACILITY REPRESENTATIVE AS THE ADMINISTRATOR'S DESIGNEE. THE CONTENT OF THE DISCUSSION AND EXPLANATION SHALL BE SUMMARIZED IN WRITING AND SHALL INCLUDE THE NAMES OF THE INDIVIDUALS INVOLVED IN THE DISCUSSIONS AND MADE A PART OF THE RESIDENT'S CLINICAL RECORD. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-408)
  - k) THE FACILITY SHALL OFFER THE RESIDENT COUNSELING SERVICES BEFORE THE TRANSFER OR DISCHARGE OF THE RESIDENT. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-409)
  - l) A RESIDENT SUBJECT TO INVOLUNTARY TRANSFER OR DISCHARGE FROM A FACILITY, THE RESIDENT'S GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT SHALL HAVE THE OPPORTUNITY TO FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING RECEIPT OF THE WRITTEN NOTICE OF THE INVOLUNTARY TRANSFER OR DISCHARGE BY THE FACILITY. ~~(6)~~ (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-410)
  - m) THE DEPARTMENT OF PUBLIC HEALTH, WHEN THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE IS OTHER THAN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO THE TITLE XIX MEDICAID RECIPIENT, SHALL HOLD A HEARING AT THE RESIDENT'S FACILITY NOT LATER THAN TEN (10) DAYS AFTER A HEARING REQUEST IS FILED, AND RENDER A DECISION WITHIN 14 DAYS AFTER THE FILING OF THE HEARING REQUEST. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-411)
  - n) THE HEARING BEFORE THE DEPARTMENT PROVIDED UNDER SUBSECTION (m) OF THIS SECTION SHALL BE CONDUCTED AS PRESCRIBED UNDER SECTIONS 3-703 THRU 3-712 OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703 through 4153-712). IN DETERMINING WHETHER A TRANSFER OR DISCHARGE IS AUTHORIZED, THE BURDEN OF PROOF IN THIS HEARING RESTS ON THE PERSON REQUESTING THE TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-412)
  - o) IF THE DEPARTMENT DETERMINES THAT A TRANSFER OR DISCHARGE IS



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(o) (continued)

AUTHORIZED UNDER SUBSECTION (c) OF THIS SECTION, THE RESIDENT SHALL NOT BE REQUIRED TO LEAVE THE FACILITY BEFORE THE 34th DAY FOLLOWING RECEIPT OF THE NOTICE REQUIRED UNDER SUBSECTION (d) OF THIS SECTION, OR THE 10th DAY FOLLOWING RECEIPT OF THE DEPARTMENT'S DECISION, WHICHEVER IS LATER, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. (B-6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-413)

- p) THE DEPARTMENT OF PUBLIC AID SHALL CONTINUE TITLE XIX MEDICAID FUNDING DURING THE APPEAL, TRANSFER, OR DISCHARGE PERIOD FOR THOSE RESIDENTS WHO ARE TITLE XIX RECIPIENTS AFFECTED BY SUBSECTION (c) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-414)
- q) THE DEPARTMENT MAY TRANSFER OR DISCHARGE ANY RESIDENT FROM ANY FACILITY REQUIRED TO BE LICENSED UNDER THIS ACT WHEN ANY OF THE FOLLOWING CONDITIONS EXIST:

- 1) SUCH FACILITY IS OPERATING WITHOUT A LICENSE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(a))
  - 2) THE DEPARTMENT HAS SUSPENDED, REVOKED OR REFUSED TO RENEW THE LICENSE OF THE FACILITY AS PROVIDED UNDER SECTION 3-119 OF THE ACT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(b))
  - 3) THE FACILITY HAS REQUESTED THE AID OF THE DEPARTMENT IN THE TRANSFER OR DISCHARGE OF THE RESIDENT AND THE DEPARTMENT FINDS THAT THE RESIDENT CONSENTS TO TRANSFER OR DISCHARGE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(c))
  - 4) THE FACILITY IS CLOSING OR INTENDS TO CLOSE AND ADEQUATE ARRANGEMENT FOR RELOCATION OF THE RESIDENT HAS NOT BEEN MADE AT LEAST 30 DAYS PRIOR TO CLOSURE; OR (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(d))
  - 5) THE DEPARTMENT DETERMINES THAT AN EMERGENCY EXISTS WHICH REQUIRES IMMEDIATE TRANSFER OR DISCHARGE OF THE RESIDENT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(e))
- r) IN DECIDING TO TRANSFER OR DISCHARGE A RESIDENT FROM A FACILITY UNDER SUBSECTION (q) OF THIS SECTION, THE DEPARTMENT SHALL CONSIDER THE LIKELIHOOD OF SERIOUS HARM WHICH MAY RESULT IF THE RESIDENT REMAINS IN THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-416)
- s) THE DEPARTMENT SHALL OFFER TRANSFER OR DISCHARGE AND RELOCATION

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(s) (continued)

ASSISTANCE TO RESIDENTS TRANSFERRED OR DISCHARGED UNDER SUBSECTIONS (c) THROUGH (q) OF THIS SECTION INCLUDING INFORMATION ON AVAILABLE ALTERNATIVE PLACEMENTS. RESIDENTS SHALL BE INVOLVED IN PLANNING THE TRANSFER OR DISCHARGE AND SHALL CHOOSE AMONG THE AVAILABLE ALTERNATIVE PLACEMENTS, EXCEPT THAT WHERE AN EMERGENCY MAKES PRIOR RESIDENT INVOLVEMENT IMPOSSIBLE, THE DEPARTMENT MAY MAKE A TEMPORARY PLACEMENT UNTIL A FINAL PLACEMENT CAN BE ARRANGED. RESIDENTS MAY CHOOSE THEIR FINAL ALTERNATIVE PLACEMENT AND SHALL BE GIVEN ASSISTANCE IN TRANSFERRING TO SUCH PLACE. NO RESIDENT MAY BE FORCED TO REMAIN IN A TEMPORARY OR PERMANENT PLACEMENT WHERE THE DEPARTMENT MAKES OR PARTICIPATES IN MAKING THE RELOCATION DECISION, CONSIDERATION SHALL BE GIVEN TO PROXIMITY TO THE RESIDENT'S RELATIVES AND FRIENDS. THE RESIDENT SHALL BE ALLOWED 3 VISITS TO POTENTIAL ALTERNATIVE PLACEMENTS PRIOR TO REMOVAL, EXCEPT WHERE MEDICALLY CONTRAINDICATED OR WHERE THE NEED FOR IMMEDIATE TRANSFER OR DISCHARGE REQUIRES REDUCTION IN THE NUMBER OF VISITS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-417)

- t) THE DEPARTMENT SHALL PREPARE RESIDENT TRANSFER OR DISCHARGE PLANS TO ASSURE SAFE AND ORDERLY REMOVALS AND PROTECT RESIDENTS' HEALTH, SAFETY, WELFARE AND RIGHTS. IN NONEMERGENCIES AND WHERE POSSIBLE IN EMERGENCIES, THE DEPARTMENT SHALL DESIGN AND IMPLEMENT SUCH PLANS IN ADVANCE OF TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-418)
- u) THE DEPARTMENT MAY PLACE RELOCATION TEAMS IN ANY FACILITY FROM WHICH RESIDENTS ARE BEING DISCHARGED OR TRANSFERRED FOR ANY REASON, FOR THE PURPOSE OF IMPLEMENTING TRANSFER OR DISCHARGE PLANS. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-419)
- v) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTIONS (q) THROUGH (t) OF THIS SECTION THE DEPARTMENT SHALL:
- 1) PROVIDE WRITTEN NOTICE TO THE FACILITY PRIOR TO THE TRANSFER OR DISCHARGE. THE NOTICE SHALL STATE THE BASIS FOR THE ORDER OF TRANSFER OR DISCHARGE AND SHALL INFORM THE FACILITY OF ITS RIGHT TO AN INFORMAL CONFERENCE PRIOR TO TRANSFER OR DISCHARGE UNDER THIS SECTION, AND ITS RIGHT TO A SUBSEQUENT HEARING UNDER SUBSECTION (x) OF THIS SECTION. IF A FACILITY DESIRES TO CONTEST A NONEMERGENCY TRANSFER OR DISCHARGE, PRIOR TO TRANSFER OR DISCHARGE IT SHALL, WITHIN FOUR (4) WORKING DAYS AFTER RECEIPT OF THE NOTICE, SEND A WRITTEN REQUEST FOR AN INFORMAL CONFERENCE TO THE DEPARTMENT. THE DEPARTMENT SHALL, WITHIN FOUR (4) WORKING DAYS FROM THE RECEIPT OF THE REQUEST, HOLD AN INFORMAL CONFERENCE IN THE COUNTY IN WHICH THE FACILITY IS

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3300(v)(1) (continued)

LOCATED. FOLLOWING THIS CONFERENCE, THE DEPARTMENT MAY AFFIRM, MODIFY OR OVERTHROW ITS PREVIOUS DECISION. EXCEPT IN AN EMERGENCY, TRANSFER OR DISCHARGE MAY NOT BEGIN UNTIL THE PERIOD FOR REQUESTING A CONFERENCE HAS PASSED OR, IF A CONFERENCE IS REQUESTED, UNTIL AFTER A CONFERENCE HAS BEEN HELD; AND (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(a))

- 2) PROVIDE WRITTEN NOTICE TO ANY RESIDENT TO BE REMOVED, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, PRIOR TO THE REMOVAL. THE NOTICE SHALL STATE THE REASON FOR WHICH TRANSFER OR DISCHARGE IS ORDERED AND SHALL INFORM THE RESIDENT OF THE RESIDENT'S RIGHT TO CHALLENGE THE TRANSFER OR DISCHARGE UNDER SUBSECTION (x) OF THIS SECTION. THE DEPARTMENT SHALL HOLD AN INFORMAL CONFERENCE WITH THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE PRIOR TO TRANSFER OR DISCHARGE AT WHICH THE RESIDENT OR THE REPRESENTATIVE MAY PRESENT ANY OBJECTIONS TO THE PROPOSED TRANSFER OR DISCHARGE PLAN OR ALTERNATIVE PLACEMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(b))

- w) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTION (q)(5) OF THIS SECTION, THE DEPARTMENT SHALL NOTIFY THE FACILITY AND ANY RESIDENT TO BE REMOVED THAT AN EMERGENCY HAS BEEN FOUND TO EXIST AND REMOVAL HAS BEEN ORDERED, AND SHALL INVOLVE THE RESIDENTS IN REMOVAL PLANNING IF POSSIBLE. FOLLOWING EMERGENCY REMOVAL, THE DEPARTMENT SHALL PROVIDE WRITTEN NOTICE TO THE FACILITY, TO THE RESIDENT, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, OF THE BASIS FOR THE FINDING THAT AN EMERGENCY EXISTED AND OF THE RIGHT TO CHALLENGE REMOVAL UNDER SUBSECTION (x) OF THIS SECTION. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-421)

- x) WITHIN 10 DAYS FOLLOWING TRANSFER OR DISCHARGE, THE FACILITY OR ANY RESIDENT TRANSFERRED OR DISCHARGED MAY SEND A WRITTEN REQUEST TO THE DEPARTMENT FOR A HEARING UNDER SECTION 3-703 OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703) TO CHALLENGE THE TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL HOLD THE HEARING WITHIN 30 DAYS OF RECEIPT OF THE REQUEST. WHERE A CHALLENGE IS BY A RESIDENT, THE HEARING SHALL BE HELD AT A LOCATION CONVENIENT TO THE RESIDENT. IF THE FACILITY PREVAILS, IT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" FOR PAYMENTS LOSS LESS EXPENSES SAVED AS A RESULT OF THE TRANSFER OR DISCHARGE. NO RESIDENT TRANSFERRED OR DISCHARGED MAY BE HELD LIABLE FOR THE CHARGE FOR CARE WHICH WOULD HAVE BEEN MADE HAD THE RESIDENT REMAINED IN THE FACILITY. IF A RESIDENT PREVAILS, THE RESIDENT MAY FILE A CLAIM AGAINST THE STATE

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## Section 350.3300(x) (continued)

UNDER THE "COURT OF CLAIMS ACT" (111. Rev. Stat. 1985, ch. 37, pars. 439.1 et seq.) FOR ANY EXCESS EXPENSES DIRECTLY CAUSED BY THE ORDER TO TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL ASSIST THE RESIDENT IN RETURNING TO THE FACILITY IF ASSISTANCE IS REQUESTED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-422)

- y) ANY OWNER OF A FACILITY LICENSED UNDER THIS ACT SHALL GIVE 90 DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN 10% OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENT WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE FACILITY SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER SUBSECTION (u) OF THIS SECTION. (A, B--~~G~~) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-423)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3310 Complaint Procedures  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO PRESENT GRIEVANCES ON BEHALF OF HIMSELF AND OTHERS TO THE ADMINISTRATOR, THE LONG-TERM CARE FACILITY ADVISORY BOARD, THE RESIDENTS' ADVISORY COUNCIL, STATE GOVERNMENTAL AGENCIES OR OTHER PERSONS WITHOUT THREAT OF DISCHARGE OR REPRISAL IN ANY FORM OF MANNER WHATSOEVER. ~~-(C)~~
- b) THE FACILITY ADMINISTRATOR SHALL PROVIDE ALL RESIDENTS OR THEIR REPRESENTATIVES WITH THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE APPROPRIATE STATE GOVERNMENTAL OFFICE WHERE COMPLAINTS MAY BE LODGED. ~~-(C)~~
- c) A PERSON WHO BELIEVES THAT THE ACT OR A RULE PROMULGATED UNDER THE ACT MAY HAVE BEEN VIOLATED MAY REQUEST AN INVESTIGATION. THE REQUEST



## Section 350.3310(c) (continued)

MAY BE SUBMITTED TO THE DEPARTMENT IN WRITING, BY TELEPHONE, OR BY PERSONAL VISIT. AN ORAL COMPLAINT SHALL BE REDUCED TO WRITING BY THE DEPARTMENT.

- d) THE SUBSTANCE OF THE COMPLAINT SHALL BE PROVIDED TO THE LICENSEE, OWNER OR ADMINISTRATOR NO EARLIER THAN AT THE COMMENCEMENT OF THE ON-SITE INSPECTION OF THE FACILITY WHICH TAKES PLACE PURSUANT TO THE COMPLAINT.
- e) THE DEPARTMENT SHALL NOT DISCLOSE THE NAME OF THE COMPLAINANT UNLESS THE COMPLAINANT OR RESIDENT CONSENTS IN WRITING TO THE DISCLOSURE OR THE INVESTIGATION RESULTS IN A JUDICIAL PROCEEDING, OR UNLESS DISCLOSURE IS ESSENTIAL TO THE INVESTIGATION. THE COMPLAINANT SHALL BE GIVEN THE OPPORTUNITY TO WITHDRAW THE COMPLAINT BEFORE DISCLOSURE. UPON THE REQUEST OF THE COMPLAINANT, THE DEPARTMENT MAY PERMIT THE COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY.
- f) UPON RECEIPT OF A COMPLAINT, THE DEPARTMENT SHALL DETERMINE WHETHER THE ACT OR A RULE PROMULGATED UNDER THE ACT HAS BEEN OR IS BEING VIOLATED. THE DEPARTMENT SHALL INVESTIGATE ALL COMPLAINTS ALLEGING ABUSE OR NEGLECT WITHIN 7 DAYS AFTER THE RECEIPT OF THE COMPLAINT EXCEPT THE COMPLAINTS OF ABUSE OR NEGLECT WHICH INDICATE THAT A RESIDENT'S LIFE OR SAFETY IS IN IMMINENT DANGER SHALL BE INVESTIGATED WITH 24 HOURS AFTER RECEIPT OF THE COMPLAINT. ALL OTHER COMPLAINTS SHALL BE INVESTIGATED WITHIN 30 DAYS AFTER THE RECEIPT OF THE COMPLAINT. ALL COMPLAINTS SHALL BE CLASSIFIED AS "VALID" OR "INVALID". FOR ANY COMPLAINT CLASSIFIED AS "VALID", THE DEPARTMENT MUST DETERMINE WITHIN 30 WORKING DAYS IF ANY RULE OR PROVISION OF THIS ACT HAS BEEN OR IS BEING VIOLATED.
- g) UPON THE REQUEST OF A RESIDENT OR COMPLAINANT, THE DEPARTMENT MAY PERMIT THE RESIDENT OR COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY PURSUANT TO THE COMPLAINT.
- h) IN ALL CASES, THE DEPARTMENT SHALL INFORM THE COMPLAINANT OF ITS FINDINGS WITHIN 10 DAYS OF ITS DETERMINATION UNLESS OTHERWISE INDICATED BY THE COMPLAINANT, AND THE COMPLAINANT MAY DIRECT THE DEPARTMENT TO SEND A COPY OF SUCH FINDINGS TO ANOTHER PERSON. THE DEPARTMENT'S FINDINGS MAY INCLUDE CONTENTS OF DOCUMENTATION PROVIDED BY EITHER THE COMPLAINANT OR THE LICENSEE PERTAINING TO THE COMPLAINT. THE DEPARTMENT SHALL ALSO NOTIFY THE FACILITY OF SUCH FINDINGS WITHIN 10 DAYS OF THE DETERMINATION, BUT THE NAME OF THE COMPLAINANT OR RESIDENTS SHALL NOT BE DISCLOSED IN THIS NOTICE TO THE

## Section 350.3310(h) (continued)

- i) A WRITTEN DETERMINATION, CORRECTION ORDER, OR WARNING NOTICE CONCERNING A COMPLAINT SHALL BE AVAILABLE FOR PUBLIC INSPECTION, BUT THE NAME OF THE COMPLAINANT OR RESIDENT SHALL NOT BE DISCLOSED WITHOUT HIS CONSENT.
- j) A COMPLAINANT WHO IS DISSATISFIED WITH THE DETERMINATION OR INVESTIGATION BY THE DEPARTMENT MAY REQUEST A HEARING UNDER SUBSECTION (k) BELOW. THE FACILITY SHALL BE GIVEN NOTICE OF ANY SUCH HEARING AND MAY PARTICIPATE IN THE HEARING AS A PARTY. IF A FACILITY REQUESTS A HEARING UNDER SUBSECTION (k) BELOW WHICH CONCERNS A MATTER COVERED BY A COMPLAINT, THE COMPLAINANT SHALL BE GIVEN WRITTEN NOTICE AND MAY PARTICIPATE IN THE HEARING AS A PARTY. A REQUEST FOR A HEARING BY EITHER A COMPLAINANT OR A FACILITY SHALL BE SUBMITTED IN WRITING TO THE DEPARTMENT WITHIN 30 DAYS AFTER THE MAILING OF THE DEPARTMENT'S FINDINGS AS DESCRIBED IN SUBSECTION (h) ABOVE. UPON RECEIPT OF THE REQUEST THE DEPARTMENT SHALL CONDUCT A HEARING AS PROVIDED UNDER SUBSECTION (j) ABOVE.
- k) ANY PERSON AGGRIEVED BY A DECISION OF THE DEPARTMENT OF A FACILITY RENDERED IN A PARTICULAR CASE WHICH AFFECTS THE LEGAL RIGHTS, DUTIES OR PRIVILEGES CREATED UNDER THIS ACT MAY HAVE SUCH DECISION REVIEWED IN ACCORDANCE WITH SECTIONS 3-703 THRU 3-712 OF THE ACT.
- l) When the Department finds that a provision of Article II of the Act regarding residents' rights has been violated with regard to a particular resident, the Department shall issue an order requiring the facility to reimburse the resident for injuries incurred, or \$100, whichever is greater.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3320 Confidentiality  
EMERGENCY

- a) THE DEPARTMENT, THE FACILITY AND ALL OTHER PUBLIC OR PRIVATE AGENCIES SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE



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## Section 350.3320(a) (continued)

OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS REGULATION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.

- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL, OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. (B-~~1~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.3330 Facility Implementation

## EMERGENCY

- a) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES TO IMPLEMENT THE RESPONSIBILITIES AND RIGHTS PROVIDED IN ARTICLE II OF THE ACT. THE POLICIES SHALL INCLUDE THE PROCEDURE FOR THE INVESTIGATION AND RESOLUTION OF RESIDENT COMPLAINTS UNDER THE ACT. THE POLICIES SHALL BE CLEAR AND UNAMBIGUOUS AND SHALL BE AVAILABLE FOR INSPECTION BY ANY PERSON. A SUMMARY OF THE POLICIES AND PROCEDURES, PRINTED IN NOT LESS THAN 12 POINT TYPE, SHALL BE DISTRIBUTED TO EACH RESIDENT AND REPRESENTATIVE. ~~(G-)~~

- b) The facility shall provide copies of these policies and procedures upon request to next of kin, sponsoring agencies representative payees and the public. ~~(G-)~~

- c) EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT AT THE TIME OF ADMISSION TO A FACILITY OR AS SOON THEREAFTER AS THE CONDITION OF THIS RESIDENT PERMITS. AT THE TIME OF IMPLEMENTATION OF THE ACT EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT. IF A RESIDENT IS UNABLE TO READ SUCH WRITTEN SUMMARY, IT SHALL BE READ TO THE RESIDENT IN A LANGUAGE THE RESIDENT UNDERSTANDS. IN THE CASE OF A MINOR OR A PERSON HAVING A GUARDIAN, BOTH THE RESIDENT AND THE PARENT OR GUARDIAN SHALL BE FULLY INFORMED OF THESE RIGHTS AND RESPONSIBILITIES. ~~(G-)~~

- d) The resident, resident's representative, guardian, or parent of a minor resident shall acknowledge in writing the receipt from the facility of a copy of all resident rights set forth in Article II of the Act and a copy of all facility policies implementing such rights. ~~(G-)~~

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## Section 350.3330 (continued)

- e) THE FACILITY SHALL ENSURE THAT ITS STAFF IS FAMILIAR WITH AND OBSERVES THE RIGHTS AND RESPONSIBILITIES ENUMERATED IN THE ACT AND THESE REGULATIONS. (B-~~1~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.3710 Applicability of Other Divisions of These Minimum Standards, Rules and Regulations

## EMERGENCY

- a) An Intermediate Care Facility for the Developmentally Disabled of Fifteen (15) Beds or Less is a facility licensed ICF/DD for fifteen (15) or fewer residents.
- b) The standards and regulations stated in other divisions of this publication shall apply to this type of facility unless indicated otherwise in this Division, by substitutions and/or additions.
- c) An Intermediate Care Facility for the Developmentally Disabled of Fifteen (15) Beds or Less shall consist of no more than one (1) building housing a maximum of fifteen (15) residents.
- 1) Housing for developmentally disabled persons shall be located on non-adjacent sites and shall be similar in design and construction as other buildings and dwellings within the area. An ICF/DD-15 Bed or Less Facility shall not be physically part of another facility or residential program licensed or funded by the state. A distance of at least 300 feet must separate an ICF/DD-15 Bed or Less facility from other state licensed or state funded residential facilities. (A, B-~~1~~-G-)
- 2) Any facility which is already licensed as an ICF/DD of 15 Beds or Less, and which does not meet the criteria listed in Section 350.3710(c)(1), may continue to operate as it was prior to the effective date of this rule, as long as it remains continuously licensed. However, the criteria listed in Section 350.3710(c)(1) shall apply on any date the license terminates by operation of law, such as a change of ownership, voluntary closing of the facility by the licensee, or the license being revoked by the Department.
- 3) Any facility having submitted an application for a permit or having been issued a permit from the Illinois Health Facilities

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Section 350.3710(c)(3) (continued)

Planning Board to establish an ICF/DD of 15 Beds or Less which does not meet the criteria listed in Section 350.3710(c)(1) may establish and operate such a facility, if it is licensed no later than six (6) months after the effective date of the permit. However, the criteria listed in Section 350.3710(c)(1) shall apply if the facility fails to obtain a license within six (6) months after the effective date of the permit, or on any date the license of such facility terminates by operation of law, such as a change of ownership, voluntary closing of the facility by the licensee, or the license being revoked by the Department.

- d) Every facility applying for licensure as ICF/DD Fifteen (15) Beds or Less, after the effective date of these Standards, shall meet all the requirements contained in these regulations. This is required both for newly constructed building and existing buildings converting to this type of licensure.

Any person wishing to establish an ICF/DD Fifteen (15) Beds or Less facility must obtain a permit from the Illinois Health Facilities Planning Board. (See Section 350.110(f)).

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3720 Administration  
EMERGENCY

- a) The administrator is responsible for ensuring that the facility remains in compliance with the Act and all Rules listed herein, and that all resident care plans are carried out as written. The administrator need not be full-time as required by Section 350.510(a), but shall spend at least four hours per week in the facility in the performance of these duties. (B)
- b) No person shall be the Administrator of more than four (4) licensed ICF/DD Fifteen (15) Beds or Less.
- c) In the absence of the Administrator, the Resident Services Director shall be responsible for the overall operation of the facility.
- d) In the absence of both the Administrator and the Resident Services Director, there shall be delegated written adequate authority and supervisory responsibility to a person at least eighteen (18) years

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Section 350.3720(d) (continued)

of age who is capable of acting in an emergency during their absence. Such administrative assignments shall not interfere with resident care and supervision. (B, G)

- e) One person may perform the functions of both an Administrator and Resident Services Director. However this person must meet the requirements as set forth in Subpart B as modified by this Section. (B, G)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3730 Admission and Discharge Policies  
EMERGENCY

- a) Residents shall only be admitted who have had a comprehensive evaluation covering physical, emotional, social and cognitive factors, conducted by an appropriately constituted, interdisciplinary team. As part of this evaluation the team shall determine the capabilities of the resident's ability for self-preservation. (B, G)

- b) No residents shall be admitted to, nor kept in, the facility who are not ambulatory. In addition, all residents must be able to move about without assistance from other persons and must be able to take action for self-preservation under emergency situations. (G)

- c) Each resident of an ICF/DD of Fifteen (15) Beds or Less shall be either employed or enrolled in an external day program, off the grounds of the facility, at least two hundred (200) days per year, five (5) hours per day. A resident may participate in more than one (1) program to meet this requirement.

- 1) The provision of employment or enrollment in a day program shall be documented in the resident's individual habilitation plan.
- 2) Each interdisciplinary team review shall include a review of the resident's day program to assure consistent program planning and implementation.
- 3) When possible, representatives from the resident's employment or day program shall participate in the interdisciplinary team



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## Section 350.3730(c)(3) (continued)

## review.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3740 Personnel  
EMERGENCY

The Resident Services Director shall be responsible for ensuring that all recommendations in the individual plan of care are carried out as stated in the plan. In no case shall the Resident Services Director spend less than two (2) hours per week per resident in the performance of these duties. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3750 Consultation Services and Nursing Services  
EMERGENCY

An ICF/DD of Fifteen (15) Beds Or Less, shall admit only residents certified by a physician as not in need of professional nursing services. Arrangements shall be made through formal contract for the services of a registered nurse or public health nurse to visit as required for the care of minor illnesses, injuries or emergencies, and to provide consultation on the health aspects of the individual plans of care. A responsible staff member shall be on duty at all times who is immediately accessible, and to whom residents can report injuries, symptoms of illness, and emergencies (see Section 350.810(a)). The consultant nurse shall give this consultation in the facility not less than two (2) hours per month. (B-~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3760 Medication Policies  
EMERGENCY

- a) In order for each resident to attain the highest possible level of independent functioning, he/she shall be permitted to participate in his/her total health care program. This program shall include, but not be limited to, resident training in preventive health and self-medication procedures provided by a licensed nurse. Every facility shall adopt written preventive health and self-medication

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## Section 350.3760(a) (continued)

policies and procedures, which are consistent with the purpose of the Nursing Home Care Reform Act (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4151-101 et seq.) and this Part and which shall be followed in the operation of the facility, for assisting residents in obtaining preventive health and self-medication skills. (A, B-~~G~~)

- 1) These policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services. (See Section 350.620). (B-~~G~~)
- 2) If the policies of the facility permit residents to be totally responsible for their own medication, when the attending physician gives written permission for such action, the policies of the facility shall provide that the resident and attending physician shall be given written statements concerning the relative responsibilities of each of the three parties, (facility, resident and physician), in cases where the resident, or any other person, suffers harm due to the resident's actions in handling his/her own medications. (C-~~G~~)
- b) No facility shall operate a pharmacy. (C-~~G~~)
- c) A facility may stock only drugs which are regularly available without prescription at a commercial pharmacy, such as: noncontrolled cough syrups, laxatives, and analgesics. These shall be given to a resident only upon the written order of the physician, dentist, or podiatrist; shall be administered from the original containers; and shall be recorded in the resident's clinical record. (C-~~G~~)
- d) No emergency medication kit shall be maintained in this type of facility. (C-~~G~~)
- e) Nursing stations are not required in this type of facility.
- f) Current medical references are not required in this type of facility.
- g) All medications on individual prescription or from the physician's personal supply shall be properly labeled as set forth in Section 350.3760(q).
  - 1) All other medications shall be authorized by a physician for individual resident use, and shall be clearly identified with



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## Section 350.3760(g)(1) (continued)

the resident's name. (A, B-~~6~~-G-)

- 2) Attending physicians shall review the medication regimen of each resident at least every six (6) months. Documentation of this review shall be entered in the resident's record. (B-~~6~~-G-)

h) All medications used by residents shall be properly recorded by facility staff at time of use. See Section 350.1620(g). A medication record need not be kept for those residents for whom the attending physician has given permission to keep their medications in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times themselves. ~~663~~

i) Bottled oxygen may not be administered in a facility, except in an emergency. Not more than one 12 pound portable size tank of oxygen for such an emergency use shall be kept in the facility. However, use of an oxygen concentrator is permitted when prescribed by a physician for a resident. The facility must be in compliance with directions for use of such equipment as established by the manufacturer. (A, B-~~6~~-G-)

j) All discontinued legend or controlled drugs, all medications having an expiration date that has passed, and all medications of residents who have expired, shall be disposed of in accordance with the rules and regulations of the Federal Drug Enforcement Administration by the prescribing physician or the consultant pharmacist. A notation of their disposition shall be made in the resident's record. (B-~~6~~-G-)

k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician. (B-~~6~~-G-)

- 1) The facility shall provide either directly or through arrangements with the consultant nurse, as determined to be necessary by the facility's medical staff or the resident's personal physician, training and supervision necessary for each resident to gain independence in self-administering his/her own medications and/or biologicals (such as serums, vaccines, antigens, or antitoxins), as approved in writing by the resident's personal physician. (B-~~6~~-G-)

- 2) Each resident shall be evaluated by the facility's interdisciplinary team for the purpose of determining his/her

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## Section 350.3760(k)(2) (continued)

self-medication capability. Each resident determined to need training in self-medication shall have written training and habilitation objectives developed by the interdisciplinary team based upon this evaluation and stated in specific behavioral terms that permit the progress of the resident to be assessed and recorded. (B-~~6~~-G-)

- 3) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident. Facility staff may also assist physically impaired residents, such as those who have arthritis, cerebral palsy, Parkinson's disease, etc., in the removal of the medication from the container and in assisting the resident in consuming or applying the medication when requested to do so by the resident. (For example, a staff member may place a dose of medicine in a container and place the container to the mouth of a resident who would not be able to do so himself without spilling it.) (B-~~6~~-G-)

- 4) To be considered "capable of self-administering his/her own medications and/or biologicals," a resident must, at a minimum, be able to identify his/her medication by size, shape, color, etc., and know when he/she is to take it, and the amount to be taken each time. (B-~~6~~-G-)

- 1) All medications shall be stored under lock and key at all times. The storage area shall be well lighted and of sufficient size to permit storage without crowding. This area may be a metal container, drawer, cabinet, closet, or room. A separate medication room is not required. (B-~~6~~-G-)

m) The key to the medicine area shall be the responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents. (B-~~6~~-G-)

- 1) The medicine area shall not be used for any other purpose. However, for those persons whom the attending physician has given written permission to handle their own medication, medications may be stored in a locked metal container, drawer, or cabinet in the resident's room along with other possessions of that resident. (B-~~6~~-G-)

- 2) Residents for whom the attending physician has given permission





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Section 350.3790 Administration and Public Areas  
EMERGENCY

Accommodations (ramps, low thresholds, toilets, lavatories, and drinking fountains) for the physically handicapped (public, staff) shall be provided in administration and public areas, if these areas are located within the facility. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3800 Bedrooms  
EMERGENCY

- a) Each single bedroom used for a resident shall have at least eighty (80) square feet of usable net floor area, not including any space taken up for closets, wardrobes, bathrooms, and clearly definable entryway areas. ~~-(G)-~~
- b) Each multiple bedroom used for residents shall have for each resident housed in the room at least sixty (60) square feet of usable floor area. Usable area does not include any space utilized for closets, wardrobes, bathrooms, and clearly definable entryway areas. ~~-(G)-~~ Maximum room capacity shall be two (2) residents. ~~-(G)-~~
- c) Any resident sleeping room below grade must be dry, and have a window area which shall be at least ten (10) percent of the floor area, and the window sill height must not exceed a maximum of three (3) feet above the floor. Any such room shall have two approved exits to grade level as described in the 1967 Edition of the Life Safety Code for Lodging and Rooming House Occupancy. ~~-(G)-~~
- d) Vandalproof reading lights are not required as specified in Section 350.3040(c)(2). ~~-(G)-~~
- e) Each resident shall have access to a toilet room. Access to the toilet does not have to be directly from the bedroom. ~~-(G)-~~
- f) A closet or wardrobe of at least six (6) square feet shall be provided for each resident. ~~-(G)-~~

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

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Section 350.3820 Bath and Toilet Rooms  
EMERGENCY

- a) Bathing facility shall be provided for each eight (8) resident beds per floor which is not otherwise served by bathing facilities adjacent to the resident room. ~~-(G)-~~
  - 1) At least one (1) bathtub or shower and one (1) toilet shall be provided on each floor where resident bedrooms are located. ~~-(G)-~~
  - 2) Each tub or shower shall be in an individual room or enclosure which provides space for the private use of the bathing fixture. This room shall be large enough to provide space for drying and dressing. ~~-(G)-~~
  - 3) Showers shall be at least three (3) feet square. ~~-(G)-~~
  - 4) Shower stalls do not have to be constructed with a low curb or no curb at all.
- b) One (1) toilet room shall serve no more than eight (8) beds. ~~-(G)-~~
  - 1) The toilet room shall contain a water closet and a lavatory. ~~-(G)-~~
  - 2) The lavatory may be omitted from a toilet room which serves a resident bedroom if each such resident room contains a lavatory. There shall be at least one toilet on each floor on which bedrooms are located.
- c) Provide a toilet room with a water closet and a lavatory for staff and visitors. ~~-(G)-~~
- d) Wheelchair toilets for residents are not required.
- e) Training toilets for residents are not required.
- f) Bathtubs and shower stalls for assisted bathing are not required.
- g) Bathing and toilet facilities are not required to be in the same room.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)



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Section 350.3840 Living, Dining, Activity Room(s)  
EMERGENCY

- a) Provide a minimum of one (1) dining room with at least ten (10) square feet per resident bed. ~~(C)~~
  - b) Provide a minimum of one (1) comfortably furnished living room having a total window area of at least one-tenth (1/10) the floor area. Living room to have a minimum of ten (10) square feet per resident bed. ~~(C)~~
  - c) The living, dining, and/or activity rooms may be combined into one room, and the combined area of these rooms shall not be less than twenty (20) square feet per resident bed. ~~(C)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3860 Kitchen  
EMERGENCY

- a) Every facility shall have a kitchen area, not including food storage area, of approximately ten (10) square feet per resident bed. ~~(C)~~
- b) Provide satisfactory facilities for washing and sanitizing dishes and cooking utensils. A residential type dishwasher is recommended. ~~(B-C)~~
- c) A separate bulk food storage room is not required.
- d) A storage area for cans, carts, and mobile tray conveyors is not required.
- e) A janitor's closet for the exclusive use of food preparation area is not required.
- f) A separate handwashing lavatory, in addition to the two (2) compartment sink, is not required in the kitchen.
- g) The two (2) compartment sink does not have to meet the requirement of Section 350.3030(b)(3).
- h) For facilities which were licensed on or before October 1, 1987, and for which the Department has waived compliance with Section 350.2990(a)(9) prior to that date, compliance with that Section is not required as long as the facility continues to comply with the

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Section 350.3860(h) (continued)

conditions of the waiver.

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3870 Laundry Room  
EMERGENCY

- a) Provide a laundry room equipped with appropriate and satisfactory type equipment of a design to meet the needs of the facility, unless a commercial laundry is used. ~~(C)~~
  - b) Laundry facilities shall not be located in rooms used for food storage, preparation, or serving; however, packaged foods, including packaged single-service food articles, may be stored in the laundry room. ~~(C)~~
  - c) The laundry room need not be equipped with commercial type equipment, but must be equipped with appropriate and satisfactory type equipment of a design to meet the needs of the facility and the residents. ~~(C)~~
  - d) Provide space for the storage of clean linen. ~~(C)~~
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3880 Building General  
EMERGENCY

a) Stairway Dimensions

- 1) If a facility has a stairway, the stairway must have a minimum headroom of six (6) feet, eight (8) inches and a maximum height of twelve (12) feet between landings. A minimum clear width of three (3) feet is required, except for handrails which may project three and one-half (3-1/2) inches on each side. A handrail is required only on one side of the stairs. Width of treads, exclusive of nosing or projection, may not be less than nine (9) inches. Risers may not be more than eight (8) inches. Every stairway landing shall be at least as deep as the width of any stairway door which opens onto the landing. Stairways with triangular or winding treads are permissible providing the

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## Section 350.3880(a)(1) (continued)

stairways are at least three (3) feet wide and the width of each tread is not narrower than six (6) inches at any point. A stairway consisting of a single riser is not acceptable. (B—~~G~~)

- 2) For facilities licensed on or before October 1, 1987, the following exceptions to subsection (a)(1) of this Section shall apply:

- A) For all stairways, a minimum clear width of twenty-six (26) inches (rather than three (3) feet) is required.
- B) For stairways with triangular or winding treads, the stairway may be no less than twenty-six (26) inches wide (rather than three (3) feet) and the width of each tread may be narrower than six (6) inches for up to 25% of the tread.
- C) Such facilities must comply with any additional requirements which may be imposed by the State Fire Marshal.

- b) Handrails at stairways shall be one and one-half (1 1/2) inches in diameter and one and one-half (1 1/2) inches minimum clear of the wall. ~~(C)~~

- c) Every facility shall have a ceiling height of seven (7) feet, six (6) inches or more, throughout all rooms occupied or used by residents. Any projection from the ceiling shall have a clearance of at least six (6) feet, eight (8) inches from the floor. Ceiling heights of basements may be seven (7) feet. ~~(C)~~

- d) Every required exit door to the outside shall be of the side hinged swinging type, and have a minimum width of thirty-six (36) inches. ~~(C)~~

- e) Locks on exterior doors shall not require the use of a key for operation from the inside of the building. ~~(C)~~

- f) Every door shall have a latch or other fastening device, which can be released by a simple type of releasing device, such as a knob, handle or panic bar. The method of operating all such releasing devices shall be obvious, even in the dark. ~~(C)~~

- g) The floor on both sides of a door in a means of egress shall be the same elevation on both sides of the door, a distance equal to the

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## Section 350.3880(g) (continued)

width of the widest single door shall be maintained at the landing. When the door discharges to the outside or to an exterior balcony, exterior exit, or exterior exit access, the floor level outside the door may be one step lower than the inside, but not more than eight (8) inches lower. However, at the two (2) required exits at the first floor there can be no step. This is to provide accessibility for handicapped staff or visitors, if administration and public areas are located within the facility. ~~(C)~~

- h) Every facility shall have either swinging or sliding exterior doors. However, all exterior doors in required means of egress must be of the side-hinged, swinging type. Door closers and panic hardware are not required. ~~(C)~~
- i) The doors for the toilet rooms used by residents shall have a minimum door width of twenty-eight (28) inches. (B—~~G~~)
- j) The doors for the resident bedrooms shall have a minimum door width of thirty (30) inches. Automatic closers are not required on resident bedroom doors. (B—~~G~~)
- k) Elevators are not required in ICF/DD Fifteen (15) Beds or Less facilities.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3890 Corridors  
EMERGENCY

- a) In every facility all corridors used by residents shall have a minimum unobstructed width of three (3) feet, and shall be lighted properly at night and at other times when necessary. If there are handrails, and they project more than three and one-half (3 1/2) inches, the width of the corridor shall be measured between handrails. Handrails are not required. ~~(C)~~

- b) Corridor doors shall be a minimum of one and three-eighths (1 3/8) inches thick solid core wood. Louvers in doors shall not be permitted except as approved by the Department. (B—~~G~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)



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## Section 350.3910 Exit Facilities and Subdivision of Floor Areas

EMERGENCY

a) At least two (2) exits, remote from each other, shall be provided for each floor or fire section of the building used by residents. All exits shall be so arranged as to provide a safe path of travel to the outside of the building without traversing any corridor or space exposed to an unprotected vertical opening, except that traversing unprotected vertical openings may be permitted in existing unsprinklered buildings. At the upper floor level, at least one (1) of the required means of egress shall consist of an interior stairway enclosed at the top and bottom, an enclosed outside stairway, or a horizontal exit. Every sleeping room, unless it has two (2) doors providing separate ways of escape, or has a door opening directly to the outside of the building, shall have at least one (1) outside window which can be opened from the inside, without the use of tools, to provide a clear opening of not less than 16 inches in least dimension and 400 square inches in area, with the bottom of the opening not more than four (4) feet above the floor.

b) An unenclosed outside stairway may be used as one (1) of the two (2) required means of egress from the second floor, only in existing buildings, subject to the approval of the Department, as determined by an onsite inspection. The inspector will examine the stair for structural stability, height of risers, width of treads, width of stairway, handrails, and maintenance, including decay or dry rot in accordance with standards found in Section 350.3880(a) and (b).

1) Unenclosed outside stairways shall not constitute more than fifty (50) percent of the required exit capacity, in any case. No more than one of the exits from the second floor may be an unenclosed outside stairway. (B-~~7~~-G-)

2) Fire escapes need not be of non-combustible construction.

c) Means of egress shall be so arranged that there are no dead end pockets, hallways, corridors, passageways, or courts whose depth exceeds twenty (20) feet. (B-~~7~~-G-)

d) Corridor walls shall have a fire-resistive rating of at least one (1) hour. Corridor walls may terminate at the underside of the ceiling. (B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## DEPARTMENT OF PUBLIC HEALTH

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## Section 350.3920 Stairways, Vertical Openings and Doorways

EMERGENCY

a) Interior stairways must be enclosed with a minimum of one and three-eighths (1 3/8) inch solid core wood door, with a self-closing device at the top and bottom of the stairway. (B-~~7~~-G-)

b) There shall be no variation exceeding one-fourth (1/4) inch in the depth of treads or in height of risers in any flight. ~~(G-)~~

c) Usable space under stairs shall not be used for storage. (B-~~7~~-G-)

d) Means of egress such as stairs, stair landings, balconies, ramps and aisles, located along the edge of open-sided floors and mezzanines, shall have guards to prevent falls over the open side. Each stair shall have handrails on at least one (1) side. (B-~~7~~-G-)

e) Any light or ventilation shaft, chute and other vertical opening between stories shall be enclosed with construction having a one (1) hour fire resistance rating. (B-~~7~~-G-)

f) All required exit doors shall be free from any obstruction, chain locking, or holding device. (B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.3930 Hazardous Areas and Combustible Storage

EMERGENCY

Walls at enclosure of hazardous areas shall have a one-hour fire resistive rating. Doors at enclosure of hazardous areas shall be a minimum of one and three-eighths (1 3/8) inches thick solid core wood, with automatic closer. Hazardous areas include the following: kitchens, furnace and heater rooms, landries Rooms or spaces, including repair shops, used for the storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. (B-~~7~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.3950 Heating, Cooling, and Ventilating Systems

EMERGENCY

a) Air conditioning and ventilation systems shall be designed, installed



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3950(a) (continued)

and maintained as required by NFPA 90B. (B-~~G~~)

- b) Compliance with pressure relationships and ventilation rates as shown in Table B, following Rule 52.12.04.09, is not required.
- c) Vapor removal from cooking equipment in conformance with NFPA Standard 96 is not required.
- d) Provide a range hood with fan for the removal of smoke or grease-laden vapors. If the hood does not discharge directly to the outside, then a recirculating type exhaust hood with cleaning and deodorizing elements is acceptable. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

## Section 350.3960 Plumbing Systems

EMERGENCY

- a) Wrist blade handles are not required on lavatories.
- b) Clinical rim flush sinks are not required.
- c) Plumbing fixtures are not required to have quiet operating type flush valves.
- d) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet. Hot water may be higher than 110 F. degrees if the hot water taps are in supervised areas and the purpose of the higher temperature is to train residents in the use of hot water. If a temperature higher than 110 F. degrees is used, all residents having access to those hot water taps must be able to demonstrate the ability to mix water appropriately and safely. (B-~~G~~)
- e) Hot water need not be 140 F. degrees for washing dishes or 180 degrees for doing laundry, but rather be set at the equipment manufacturer's recommended settings, when residential type dishwashing and laundry equipment are used in this type of facility instead of commercial type equipment. (B-~~G~~)
- f) Existing ordinary and frame buildings of less than one hour rated construction are required to be sprinklered. All other construction types do not require sprinklers. Facilities of eight (8) beds or

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 350.3960(f) (continued)

less will not be required to have a sprinkler system, if the facility has been inspected by the Office of the State Fire Marshal and found not to need a sprinkler system, as evidenced by a written report to the Department from the Office of the State Fire Marshal so stating. (B-~~G~~)

- g) A separate sink for potwashing is not required.

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

## Section 350.3970 Electrical Systems

EMERGENCY

- a) Resident's rooms shall have general lighting. At least one (1) light fixture shall be switched at the entrance to each resident room. ~~(G)~~
  - b) Duplex Receptacles in Resident Bedrooms
    - 1) There shall be one duplex receptacle for each twelve (12) lineal feet of wall space in bedrooms. Doors are not included in measuring wall space. Receptacles shall be located at convenient places. ~~(G)~~
    - 2) For facilities which are licensed on or before October 1, 1987, and for which the Department has waived compliance with subsection (b)(1) of this Section prior to that date, compliance with that subsection is not required as long as the facility continues to comply with the conditions of the waiver.
  - c) At least one duplex receptacle shall be installed in all corridors which are ten (10) feet or longer in length. ~~(G)~~
  - d) Panelboards serving lighting and appliance circuits are not required to be located on the same floor as the circuits they serve.
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.3980 Fire Alarm and Detection System  
EMERGENCY

- a) An approved automatic smoke detection system shall be installed on each floor level. Such system shall be installed in accordance with NFPA 101, Section 6-3 of the 1976 edition of the Life Safety Code, and with NFPA Standard 72, 1975 edition. The smoke detectors shall be installed in all rooms and corridors except toilets and closets. In no case shall smoke detectors be spaced further apart than thirty (30) feet on center, or more than fifteen (15) feet from any wall. The automatic smoke detection system shall be electrically interconnected to the fire alarm system. Facilities of eight (8) beds or less will be required to have this automatic smoke detection system. However, this automatic smoke detection system will not have to be electrically connected to the fire alarm system, in accordance with the provisions of Section 350.3980, if the facility has been inspected by the Office of the State Fire Marshal and found not to need such electrical connection to the fire alarm system, as evidenced by a written report to the Department from the Office of the State Fire Marshal to that effect. (A, B, ~~C~~)
- b) The fire alarm system shall automatically transmit the alarm to any available municipal fire department by direct private line or through any approved central station. Facilities of eight (8) beds or less will not be required to have this automatic fire alarm system, in accordance with the provisions of Section 350.3980(c) if the facility has been inspected by the Office of the State Fire Marshal and found not to need such fire alarm system, as evidenced by a written report to the Department from the Office of the State Fire Marshal to that effect. (A, B, ~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)

Section 350.3990 Emergency Electrical System  
EMERGENCY

- a) The facility shall have an emergency electrical service which shall provide services as follows:
- 1) Illumination for means of egress
  - 2) Fire detection and alarm system (A, B, ~~C~~)
- b) Emergency electrical service is not required to provide lighting for exit signs or a nurses station, nor for providing power to a

Section 350.3990(b) (continued)

- communication system, including a nurse's call system.
- c) Facilities of eight (8) beds or less will not be required to provide emergency electrical service for illumination for means of egress, or for fire detection and alarm system, in accordance with the provisions of Section 350.3990, if the facility has been inspected by the Office of the State Fire Marshal and found not to need such an emergency electrical service, as evidenced by a written report to the Department from the Office of the State Fire Marshal to that effect.
- (Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.4000 Fire Protection  
EMERGENCY

The Department, or, upon request, the Fire Prevention Division of the Office of the State Fire Marshal, will make inspections for fire safety and compliance with these standards. The Fire Prevention Division shall call the attention of the Department of Public Health any violations of these standards pertaining to fire protection found during a requested inspection. The Department, or, upon request, the Fire Prevention Division, shall be privileged to make as many subsequent visits as deemed necessary by the Department for assurance of compliance. (~~C~~)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.4010 Construction Types  
EMERGENCY

- a) Buildings shall be of fire resistive, protected noncombustible. One (1) hour protected ordinary, one (1) hour protected wood frame, heavy timber, or unprotected noncombustible type construction. (B, ~~C~~)
- b) Buildings shall be no more than two (2) stories in height. Basements are permitted for use as resident living and/or activity areas. Basements are also permitted for resident dining and/or sleeping areas if they are dry, have a window area which is at least 10% of the floor area, the window sill height does not exceed a maximum of three (3) feet above the floor and there are two (2) approved exits to grade level. Attics are not permitted for any kind of resident use. However, both attics and basements may be used as storage space

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## Section 350.4010(b) (continued)

and for various staff use functions such as offices, sleeping quarters, etc.

- c) Any ICF/DD of 15 Beds or Less which shares a common wall with any other occupancy must be separated from that occupancy by a minimum of one (1) hour rated fire wall. (B-~~5~~-G-)

(Source: Emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days)

Section 350.4030 New Construction Requirements  
EMERGENCY

The requirements listed in Sections 350.3780 through 350.4010 for existing facilities also apply to new construction unless modified by the following rules in this section. The following rules apply only to new construction.

- a) Single resident bedrooms shall contain at least one hundred (100) square feet in area. Multiple resident bedrooms shall contain at least seventy-five (75) square feet per bed in area. Minimum usable floor areas do not include any space utilized for closets, free-standing wardrobe units, bathrooms, and clearly definable entryways. ~~(C-)~~
- b) Provide a closet or wardrobe of at least six (6) square feet in area for each resident. ~~(C-)~~
- c) The living, dining, and activity functions may be combined into one room, or may be in separate rooms. However, the combined area of these functions shall not be less than thirty (30) square feet per resident bed. ~~(C-)~~
- d) Corridor doors shall be a minimum of one and three-quarters (1 3/4) inches thick solid core wood. Louvers in doors shall not be permitted except as approved by the Department. (B-~~5~~-G-)
- e) Interior stairways must be enclosed with a minimum of one (1) hour rated walls and a minimum of one and three-quarters (1-3/4) inch solid core wood doors, with a self-closing device, at the top and bottom of the each stairway. (B-~~5~~-G-)
- f) In every facility all corridors used by residents shall have a minimum unobstructed width of four (4) feet, and shall be lighted properly at night and at other times when necessary. ~~(C-)~~

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## Section 350.4030 (continued)

- g) Facilities shall be of the following heights and construction types with sprinkler requirements identified in the Table E: (B-~~5~~-G-)
- h) Hazardous areas, including combustible storage, as listed in Section 350.3930, must have walls of one (1) hour fire resistive rating. Doors at enclosure of hazardous areas shall be a minimum of three-fourths (3/4) hour "C" label, with automatic closer. (B-~~5~~-G-)
- i) The following additional codes are required for new construction.
- 1) NFPA 13-1976 Edition, Installation of Sprinkler Systems
  - 2) NFPA 13A-1976 Edition, Care and Maintenance of Sprinkler Systems
  - 3) NFPA 13D-1975 Edition, Installation of Sprinkler Systems in One and Two Family Dwellings and Mobile Homes
  - 4) NFPA 70-1978 Edition, National Electric Code (B-~~5~~-G-)
  - j) Unenclosed outside stairways shall not be accepted as constituting any part of the required means of egress for new buildings. (B-~~5~~-G-)
- (Source: Emergency amendment at 12 Ill. Reg. 18705 effective October 24, 1988, for a maximum of 150 days)



1) Heading of Part:

## Minimum Standards for Classification and Licensure of Sheltered Care Facilities

2) Code Citation:

77 Ill. Adm. Code 330

3) Section Numbers:

Emergency Action:

Amendments	330.110,	330.120,	330.130,	330.150,
Amendments	330.160,	330.200,	330.210,	330.220,
Amendments	330.230,	330.250,	330.272,	330.274,
Amendments	330.276			
New Section	330.277			
Amendments	330.278,	330.282,	330.284,	330.290,
Amendments	330.300,	330.330,	330.510,	330.710,
Amendments	330.720,	330.730,	330.740,	330.750,
Amendments	330.760,	330.770,	330.780,	330.910,
Amendments	330.920,	330.1110,	330.1120,	330.1130,
Amendments	330.1140,	330.1310,	330.1320,	330.1330,
Amendments	330.1510,	330.1520,	330.1530,	330.1710,
Amendments	330.1720,	330.1730,	330.1740,	330.1760,
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Amendments	330.1940,	330.1960,	330.1970,	330.1980,
Amendments	330.1990,	330.2010,	330.2210,	330.2220,
Amendments	330.2230,	330.2410,	330.2420,	330.2610,
Amendments	330.2620,	330.2630,	330.2640,	330.2840,
Amendments	330.2850,	330.2860,	330.2870,	330.2880,
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Amendments	330.3110,	330.3120,	330.3130,	330.3140,
Amendments	330.3150,	330.3160,	330.3170,	330.3180,
Amendments	330.3320,	330.3330,	330.3340,	330.3350,
Amendments	330.3360,	330.3370,	330.3380,	330.3390,
Amendments	330.3400,	330.3410,	330.3420,	330.3430,
Amendments	330.3610,	330.3620,	330.3630,	330.3640,
Amendments	330.3650,	330.3660,	330.3670,	330.3680,
Amendments	330.3690,	330.3700,	330.3710,	330.3720,
Amendments	330.3730,	330.3910,	330.3920,	330.3930,
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Amendments	330.3980,	330.3990,	330.4000,	330.4210,
Amendments	330.4220,	330.4230,	330.4240,	330.4250,
Amendments	330.4260,	330.4270,	330.4280,	330.4290,
Amendments	330.4300,	330.4310,	330.4320,	330.4330

4) Statutory Authority:

Nursing Home Care Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4151-101 et seq.) as amended by Public Acts 85-1378 and 85-1183.

5) Effective Date of Amendments:

October 24, 1988

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:

Not applicable.

7) Date Filed in Agency's Principal Office:

October 24, 1988

8) Reason for Emergency:

These emergency amendments are needed to implement recently-enacted legislation. The Department believes that the immediate effective dates on the legislation indicate that the Illinois General Assembly intends for these amendments to be implemented without delay.

9) A Complete Description of the Subjects and Issues Involved:

The most significant changes are included in Public Act 85-1378 (Senate Bill 2201), which took effect on September 1, 1988. This legislation amends the Nursing Home Care Act to eliminate the lowest level of violations, level "C" violations. This level of violations is replaced with a procedure for the issuance of administrative warnings. Facilities will not be required to submit a plan of correction in response to an administrative warning, but will be responsible for correction of the condition.

To implement this change, the Department is taking the following actions in these emergency amendments:

1. Deleting all of the current designations of level "C" violations from the entire text of the rules.
2. Expanding the provisions in Section 330.272 concerning the determination to issue a notice of violation to also include administrative warnings.
3. Eliminating the language concerning level "C" violations in Section

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330.274 which concerns the determination of the level of a violation.

4. Adding a new Section 330.277 to provide procedures for the issuance of administrative warnings.

5. Eliminating the provisions concerning the assessment of penalties for ten or more uncorrected level "C" violations from Section 330.282(e).

6. Adding a definition of "administrative warning" and deleting the definition of "type C violation" in Section 330.330.

Additional statutory changes included in Public Act 85-1378, and changes included in Public Act 85-1183 (House Bill 4172), which took effect on August 13, 1988, are also being implemented in these emergency amendments. These changes include amendments to provisions concerning:

1. Submission of ownership information [Section 330.250(a)].
2. Contents of the quarterly list of facilities against which the Department is taking some action [Section 330.290(a)].
3. Basis and procedures for involuntary transfer or discharge [Section 330.4300(c)].
4. Procedure for hearings requested by persons who file complaints against a facility [Section 330.4310(j)].

The Department believes that there will be little, if any, economic effect of these emergency amendments on the regulated public. The elimination of level "C" violations could reduce the costs of compliance with these rules by regulated facilities. The Department of Public Health may also experience some cost savings from this change.

Amendments which include these emergency changes are also being proposed for permanent adoption by the Department. The Department anticipates that the amendments will be adopted prior to the expiration of these emergency amendments.

10) Are there any Proposed Amendments Pending to this Part? No.

11) Statement of Statewide Policy Objectives:

This rulemaking does not affect local governmental units.

## DEPARTMENT OF PUBLIC HEALTH

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12) Information and Questions regarding these Emergency Amendments shall be directed to:

Mr. Robert John Kane  
Division of Governmental Affairs  
Illinois Department of Public Health  
525 West Jefferson, Second Floor  
Springfield, Illinois 62761  
Telephone: (217) 782-6187

The full text of the Emergency Amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 77 PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER C: LONG-TERM CARE FACILITIES

PART 330

MINIMUM STANDARDS FOR CLASSIFICATION AND LICENSURE OF SHELTERED CARE FACILITIES

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330.120	Application for License
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330.130	Licensee
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330.140	Issuance of an Initial License For a New Facility
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330.165	Criteria for Adverse Licensure Actions
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330.220	Information to be Made Available to the Public By the Department
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330.272	Determination to Issue a Notice of Violation or Administrative Warning
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ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

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SUBPART C: POLICIES

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330.730	Contract Between Resident and Facility
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Housekeeping

Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

330.2410  
EMERGENCY  
330.2420  
EMERGENCY

Furnishings

Equipment and Supplies

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SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

330.2610  
EMERGENCY  
330.2620  
EMERGENCY  
330.2630  
EMERGENCY  
330.2640  
EMERGENCY

Codes  
Water Supply  
Sewage Disposal  
Plumbing

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW  
SHELTERED CARE FACILITIES

330.2810  
330.2820  
330.2830  
330.2840  
EMERGENCY  
330.2850  
EMERGENCY  
330.2860  
EMERGENCY  
330.2870  
EMERGENCY  
330.2880  
EMERGENCY  
330.2890  
EMERGENCY  
330.3000  
EMERGENCY  
330.3010  
EMERGENCY  
330.3020  
EMERGENCY  
330.3030  
EMERGENCY  
330.3040  
EMERGENCY  
330.3050  
EMERGENCY  
330.3060  
EMERGENCY  
330.3070  
EMERGENCY  
330.3080  
EMERGENCY

Applicable Requirements (Repealed)  
Applicability of These Standards  
Submission of a Program Narrative  
New Constructions, Additions, Conversions, and Alterations  
Preparation and Submission of Drawings and Specifications  
First Stage Drawings  
Second Stage Drawings  
Architectural Drawings  
Structural Drawings  
Mechanical Drawings  
Electrical Drawings  
Additions to Existing Structures  
Specifications  
Building Codes  
Site  
Building General  
Administration  
Corridors

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Bath and Toilet Rooms

330.3090  
EMERGENCY  
330.3100  
EMERGENCY  
330.3110  
EMERGENCY  
330.3120  
EMERGENCY  
330.3130  
EMERGENCY  
330.3140  
EMERGENCY  
330.3150  
EMERGENCY  
330.3160  
EMERGENCY  
330.3170  
EMERGENCY  
330.3180  
EMERGENCY

Living, Dining, Activity Room(s)  
Bedrooms  
Special Care Room  
Kitchen  
Laundry  
Housekeeping, Service, and Storage  
Plumbing  
Heating  
Electrical

SUBPART N: FIRE PROTECTION STANDARDS FOR NEW SHELTERED  
CARE FACILITIES

330.3310  
330.3320  
EMERGENCY  
330.3330  
EMERGENCY  
330.3340  
EMERGENCY  
330.3350  
EMERGENCY  
330.3360  
EMERGENCY  
330.3370  
EMERGENCY  
330.3380  
EMERGENCY  
330.3390  
EMERGENCY  
330.3400  
EMERGENCY  
330.3410  
EMERGENCY  
330.3420  
EMERGENCY

Applicable Requirements (Repealed)  
Applicability of These Standards  
Fire Protection  
Fire Department Service and Water Supply  
Building General  
Exit Facilities and Subdivision of Floor Areas  
Stairways, Vertical Openings, and Doorways  
Corridors  
Exit Lights and Directional Signs  
Hazardous Areas and Combustible Storage  
Fire Alarm and Detection System  
Fire Extinguishers, Electric Wiring, and Miscellaneous

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EMERGENCY

Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

SUBPART Q: DESIGN AND CONSTRUCTION STANDARDS FOR  
EXISTING SHELTERED CARE FACILITIES330.3610  
EMERGENCY

Site

330.3620  
EMERGENCY

Building General

330.3630  
EMERGENCY

Administration

330.3640  
EMERGENCY

Corridors

330.3650  
EMERGENCY

Bath and Toilet Rooms

330.3660  
EMERGENCY

Living, Dining, and Activity Room(s)

330.3670  
EMERGENCY

Bedrooms

330.3680  
EMERGENCY

Special Care Room

330.3690  
EMERGENCY

Kitchen

330.3700  
EMERGENCY

Laundry Room

330.3710  
EMERGENCY

Housekeeping and Service Rooms and Storage Space

330.3720  
EMERGENCY

Plumbing and Heating

330.3730  
EMERGENCY

Electrical

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING  
SHELTERED CARE FACILITIES330.3910  
EMERGENCY

Fire Protection

330.3920  
EMERGENCY

Fire Department Service and Water Supply

330.3930  
EMERGENCY

Occupancy and Fire Areas

330.3940  
EMERGENCY

Exit Facilities and Subdivision of Floor Areas

330.3950  
EMERGENCY

Stairways, Vertical Openings, and Doorways

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EMERGENCY

Exit and Fire Escape Lights and Directional Signs

330.3970  
EMERGENCY

Hazardous Areas and Combustible Storage

330.3980  
EMERGENCY

Fire Alarm and Detection System

330.3990  
EMERGENCY

Fire Extinguishers, Electric Wiring, and Miscellaneous

330.4000  
EMERGENCY

Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

## SUBPART Q: RESIDENT'S RIGHTS

330.4210  
EMERGENCY

General

330.4220  
EMERGENCY

Medical and Personal Care Program

330.4230  
EMERGENCY

Restraints

330.4240  
EMERGENCY

Abuse and Neglect

330.4250  
EMERGENCY

Communication and Visitation

330.4260  
EMERGENCY

Resident's Funds

330.4270  
EMERGENCY

Residents' Advisory Council

330.4280  
EMERGENCY

Contract With Facility

330.4290  
EMERGENCY

Private Right of Action

330.4300  
EMERGENCY

Transfer and/or Discharge

330.4310  
EMERGENCY

Complaint Procedures

330.4320  
EMERGENCY

Confidentiality

330.4330  
EMERGENCY

Facility Implementation

## SUBPART R: DAY CARE PROGRAMS

330.4510

Day Care in Long-Term Care Facilities

APPENDIX A

Interpretation, Components, and Illustrative Services for  
Sheltered Care Facilities



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APPENDIX B Classification of Distinct Part of a Facility For Different Levels of Service

APPENDIX C Forms for Day Care in Long-Term Care Facilities  
APPENDIX D Criteria for Activity Directors Who Need Only Minimal Consultation  
TABLE A Disaster Preparedness Parameters--Relative Humidity and Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care ~~Reform~~ Act of 1979 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4151-101 et seq.), as amended by Public Acts 85-1183, effective August 13, 1988, and 85-1378, effective September 1, 1988.

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1663, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days.

NOTE: Italics and capitalization denote statutory language.

Section 330.110 General Requirements  
EMERGENCY

- a) 1) These Minimum Standards, Rules and Regulations apply to the operator/licensee of facilities, facilities, or distinct part therein, that are to be licensed and classified to provide sheltered care.
- 2) Any license issued and in effect prior to March 1, 1980 pursuant to the "Nursing Homes, Sheltered Care Homes, and Homes For the Aged Act" (Ill. Rev. Stat. 1977, ch. 111 1/2, pars. 35.16 et seq.) shall remain valid and subject to the terms and conditions of the "Nursing Home Care Reform Act of 1979" (Ill. Rev. Stat.

Section 330.110(a)(2) (continued)

- 1983, ch. 111 1/2, par. 4151-101 et seq.) and all regulations promulgated thereunder until the expiration date shown on the face of such license.
- b) The license issued to each operator/licensee shall designate the licensee's name, facility name, address, the classification by level of service authorized for that facility, the number of beds authorized for each level, the date the license was issued and the expiration date. Such licenses shall be issued for a period not to exceed one (1) year.
- c) An applicant may request that the license issued by the Department have distinct parts classified according to levels of services. The distinct part must satisfactorily meet the applicable physical plant standards based on a level of service classification sought for that distinct part. If necessary to protect the health, welfare and safety of residents in a distinct part requiring higher standards, the Department shall require compliance with whatever additional physical plant standards are necessary in any distinct part(s), to achieve this protection. Administrative, supervisory, and other personnel may be shared by the entire facility, if so doing does not adversely affect meeting the total needs of the residents of the facility.
- d) THE OPERATOR MAY NOT ADMIT RESIDENTS IN EXCESS OF THE LICENSED CAPACITY OF THE FACILITY. (See Section 330.280 Violations and Penalties.) (85-6)
- e) A sheltered care facility licensed and classified under the Act shall not use in its title or description "Hospital", "Sanitarium", or "Sanatorium", "Rehabilitation Center", "Skilled Nursing Facility", or any other word or description in its title or advertisements which indicates that a type of service is provided by the facility which the facility is not licensed to provide or in fact, does not provide. (6)
- f) Any person constructing or modifying a long-term care facility or portion thereof without obtaining the required permit from the Health Facilities Planning Board shall not be eligible to apply for licensure for that facility or portion thereof (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1163.1).
- g) THE LICENSEE SHALL GIVE NINETY (90) DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO

## Section 330.110(g) (continued)

CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN TEN PERCENT (10%) OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENTS WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE LICENSEE SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER THE ACT. (A,B)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.120 Application for License

EMERGENCY

- a) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility, and/or skilled nursing facility shall submit pre-application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The pre-application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications. {6}
- b) A pre-application for a new facility shall be accompanied by a permit as required by the "Illinois Health Facilities Planning Act" (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 1151 et seq.). {6}
- c) APPLICATION FOR A LICENSE TO ESTABLISH OR OPERATE AN INTERMEDIATE CARE FACILITY, AND/OR SKILLED NURSING FACILITY SHALL BE MADE IN WRITING AND SUBMITTED, WITH OTHER SUCH INFORMATION AS THE DEPARTMENT MAY REQUIRE, ON FORMS PROVIDED BY THE DEPARTMENT.

## Section 330.120 (continued)

- d) ALL APPLICATIONS, EXCEPT THOSE OF HOMES FOR THE AGED, SHALL BE ACCOMPANIED BY AN APPLICATION FEE OF TWO HUNDRED (200) DOLLARS. THE APPLICATION SHALL BE UNDER OATH AND THE SUBMISSION OF FALSE OR MISLEADING INFORMATION SHALL BE A CLASS A MISDEMEANOR. THE APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION:
  - 1) THE NAME AND ADDRESS OF THE APPLICANT IF AN INDIVIDUAL, AND IF A FIRM, PARTNERSHIP, OR ASSOCIATION, OF EVERY MEMBER THEREOF, AND IN THE CASE OF A CORPORATION, THE NAME AND ADDRESS THEREOF AND OF ITS OFFICERS AND ITS REGISTERED AGENT, AND IN THE CASE OF A UNIT OF LOCAL GOVERNMENT, THE NAME AND ADDRESS OF ITS CHIEF EXECUTIVE OFFICER;
  - 2) THE NAME AND LOCATION OF THE FACILITY FOR WHICH A LICENSE IS SOUGHT;
  - 3) THE NAME OF THE PERSON OR PERSONS UNDER WHOSE MANAGEMENT OR SUPERVISION THE FACILITY WILL BE CONDUCTED;
  - 4) THE NUMBER AND TYPE OF RESIDENTS FOR WHICH MAINTENANCE, PERSONAL CARE, OR NURSING IS TO BE PROVIDED; AND
  - 5) SUCH INFORMATION RELATING TO THE NUMBER, EXPERIENCE, AND TRAINING OF THE EMPLOYEES OF THE FACILITY, ANY MANAGEMENT AGREEMENTS FOR THE OPERATION OF THE FACILITY, AND OF THE MORAL CHARACTER OF THE APPLICANT AND EMPLOYEES AS THE DEPARTMENT MAY DEEM NECESSARY. {6} (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(2)).
- e)
  - 1) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold, or leased; or when operation is discontinued; or when operation is moved to a new location; or when the licensee (if an individual) dies; or when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be. {6}
  - 2) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently



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Section 330.120(e)(2) (continued)

reinstated. A new license must be obtained in such cases.  
{6}

- f) EACH INITIAL APPLICATION SHALL BE ACCOMPANIED BY A FINANCIAL STATEMENT SETTING FORTH THE FINANCIAL CONDITION OF THE APPLICANT AND BY A STATEMENT FROM THE UNIT OF LOCAL GOVERNMENT HAVING ZONING JURISDICTION OVER THE FACILITY'S LOCATION STATING THAT THE LOCATION OF THE FACILITY IS NOT IN VIOLATION OF A ZONING ORDINANCE. AN INITIAL APPLICATION FOR A NEW FACILITY SHALL BE ACCOMPANIED BY A PERMIT AS REQUIRED BY THE "ILLINOIS HEALTH FACILITIES PLANNING ACT". AFTER THE APPLICATION IS APPROVED, THE APPLICANT SHALL ADVISE THE DEPARTMENT EVER 6 MONTHS OF ANY CHANGES IN THE INFORMATION ORIGINALLY PROVIDED IN THE APPLICATION. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-103(3)).

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.130 Licensee  
EMERGENCY

- a) The licensee is the corporate body, political subdivision, individual, or individuals responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing requirements. The licensee does not have to own the building being used.
- b) If the licensee does not own the building, a lease or management agreement between the licensee and the owner of the building is required. A copy of the lease or management agreement shall be furnished to the Department. The Department shall also be provided with a copy of all new lease agreements or any changes to existing agreements within thirty (30) days of the effective date of such changes. {6}
- c) If the licensee is not a corporation or a political subdivision of the State of Illinois, each person responsible for the operation of the facility and upon whom rests the responsibility for meeting the licensing Minimum Standards, Rules and Regulations shall be at least eighteen (18) years of age. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.150 Issuance of an Initial License Due to a Change of Ownership  
EMERGENCY

- a) UPON RECEIPT AND REVIEW OF AN APPLICATION FOR A LICENSE THE DIRECTOR SHALL ISSUE A PROBATIONARY LICENSE IF HE FINDS:
- 1) THE APPLICANT IS A PERSON RESPONSIBLE AND SUITABLE TO OPERATE OR TO DIRECT OR TO PARTICIPATE IN THE OPERATION OF A FACILITY BY VIRTUE OF FINANCIAL CAPACITY, APPROPRIATE BUSINESS OR PROFESSIONAL EXPERIENCE, A RECORD OF COMPLIANCE WITH LAWFUL ORDERS OF THE DEPARTMENT AND LACK OF REVOCATION OF A LICENSE DURING THE PREVIOUS FIVE (5) YEARS; AND
- 2) THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE "NURSING HOME CARE REFORM ACT OF 1979" AND THESE RULES.
- b) WHENEVER OWNERSHIP OF A FACILITY IS TRANSFERRED FROM THE PERSON NAMED IN A LICENSE TO ANY OTHER PERSON, THE TRANSFEREE MUST OBTAIN A NEW PROBATIONARY LICENSE. THE TRANSFEREE SHALL NOTIFY THE DEPARTMENT OF THE TRANSFER AND APPLY FOR A NEW LICENSE AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. {6}
- c) THE TRANSFEROR SHALL NOTIFY THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO FINAL TRANSFER. THE TRANSFEROR SHALL REMAIN RESPONSIBLE FOR THE OPERATION OF THE FACILITY UNTIL SUCH TIME AS THE LICENSE IS ISSUED TO THE NEW TRANSFEREE. {6}
- d) THE LICENSE GRANTED TO THE TRANSFEREE SHALL BE SUBJECT TO A PLAN OF CORRECTION SUBMITTED BY THE PREVIOUS OWNER AND APPROVED BY THE DEPARTMENT AND ANY CONDITIONS CONTAINED IN A CONDITIONAL LICENSE ISSUED TO THE PREVIOUS OWNER. IF THERE ARE OUTSTANDING VIOLATIONS AND NO PLAN OF CORRECTION HAS BEEN SUBMITTED BY THE FACILITY AND APPROVED BY THE DEPARTMENT, THE DEPARTMENT MAY ISSUE A CONDITIONAL LICENSE AND PLAN OF CORRECTION AS PROVIDED IN SECTION 3-311 THROUGH 3-317 OF THE "NURSING HOME CARE REFORM ACT OF 1979" IN PLACE OF A PROBATIONARY LICENSE. {6}
- e) THE TRANSFEROR SHALL REMAIN LIABLE FOR ALL PENALTIES ASSESSED AGAINST THE FACILITY WHICH ARE IMPOSED FOR VIOLATIONS OCCURRING PRIOR TO TRANSFER OR OWNERSHIP. {6}
- f) THE DEPARTMENT WILL ISSUE A PROBATIONARY LICENSE FOR ONE HUNDRED TWENTY (120) DAYS FROM DATE OF ISSUANCE.
- g) DURING THE ONE HUNDRED TWENTY (120) DAYS OF THE PROBATIONARY LICENSE, THE DEPARTMENT SHALL CONDUCT AN INVESTIGATION OF THE APPLICANT WITHIN THIRTY (30) DAYS OF THE TERMINATION OF THE PROBATIONARY LICENSE TO



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## Section 330.150(g) (continued)

DETERMINE WHETHER OR NOT THE APPLICANT THEN COMPLIES, AND IF NOT, WHETHER SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE. IF IN COMPLIANCE, THE PROBATIONARY LICENSE WILL BE REPLACED WITH A FULL STATUS LICENSE. IF NOT IN COMPLIANCE AND SATISFACTORY PROGRESS TOWARD COMPLIANCE IS NOT BEING MADE, THE DEPARTMENT WILL ALLOW THE PROBATIONARY LICENSE TO EXPIRE.

h) IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE BUT SATISFACTORY PROGRESS IS BEING MADE TOWARD COMPLIANCE, A SECOND PROBATIONARY LICENSE OF UP TO ONE HUNDRED TWENTY (120) DAYS MAY BE ISSUED. UNDER NO CONDITION MAY MORE THAN TWO (2) SUCCESSIVE PROBATIONARY LICENSES BE ISSUED.

i) The issuance date of the probationary license to the new owner will be the date the last licensure requirement is met as determined by the Department. Prior to actual receipt by the operator or the license certificate, the operator may begin operation upon receipt of written approval by the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.160 Issuance of a Renewal License  
EMERGENCY

AT LEAST ONE HUNDRED TWENTY (120) DAYS, BUT NOT MORE THAN ONE HUNDRED FIFTY (150) DAYS, PRIOR TO LICENSE EXPIRATION, THE LICENSEE SHALL SUBMIT AN APPLICATION FOR RENEWAL OF THE LICENSE IN SUCH FORM AND CONTAINING SUCH INFORMATION AS THE DEPARTMENT REQUIRES. IF THE APPLICATION IS APPROVED, AND THE FACILITY IS IN COMPLIANCE WITH ALL OTHER LICENSE REQUIREMENTS, THE LICENSE SHALL BE RENEWED FOR AN ADDITIONAL ONE YEAR PERIOD. (See Section 330.240 for Municipal Licensing requirements.) (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.200 Inspections, Surveys, Evaluations and Consultation  
EMERGENCY

a) The terms survey, inspection and evaluation are synonymous. These items refer to the overall examination of compliance with the Act and the regulations of the Part. All facilities to which this Part applies shall be subject to and shall be deemed to have given consent

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## Section 330.200(a) (continued)

to annual inspections, surveys or evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. AN INSPECTION, SURVEY OR EVALUATION, OTHER THAN AN INSPECTION OF FINANCIAL RECORDS, SHALL BE UNANNOUNCED. CONSULTATIONS MAY BE ANNOUNCED. (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212). The licensee, or person representing the licensee in the facility, shall provide to the representative of the Department access and entry to the premises or facility for obtaining information required to carry out this Act and the rules promulgated under the Act. IN ADDITION, REPRESENTATIVES OF THE DEPARTMENT SHALL HAVE ACCESS TO AND MAY REPRODUCE OR PHOTOCOPY AT THE DEPARTMENT'S COST ANY BOOKS, RECORDS, AND OTHER DOCUMENTS MAINTAINED BY THE FACILITY, THE LICENSEE OR THEIR REPRESENTATIVES TO THE EXTENT NECESSARY TO CARRY OUT THIS ACT AND THE RULES PROMULGATED THEREUNDER (111. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-213). A facility may charge the Department for photocopying at a rate determined by the facility not to exceed the rate in the Department's Freedom of Information Rules, 111. Adm. Code 1126.

b) BEFORE MAKING EXTRA INSPECTIONS, SURVEYS AND EVALUATIONS OF A FACILITY, THE DEPARTMENT SHALL HAVE TAKEN INTO ACCOUNT THE FOLLOWING CRITERIA:

- 1) PREVIOUS INSPECTION REPORTS;
  - 2) THE FACILITY'S HISTORY OF COMPLIANCE WITH THE ACT:
    - A) PRIOR CORRECTION OF VIOLATIONS;
    - B) PRIOR ENFORCEMENT ACTIONS;
    - C) NUMBER AND SEVERITY OF PRIOR COMPLAINTS;
  - 3) NUMBER AND SEVERITY OF CURRENT COMPLAINTS;
  - 4) ALLEGATIONS OF RESIDENT ABUSE OR NEGLIGENCE;
  - 5) COMPLIANCE WITH DISASTER PREPAREDNESS PROVISIONS UNDER THE ACT;
  - 6) OTHER REASONABLE BELIEF THAT DEFICIENCIES REGARDING, THE ACT AND/OR EXIST. (6) (111. Rev. Stat. 1985, Supp., ch. 111 1/2, par. 4153-212(b))
- c) UPON THE COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION, THE

REPRESENTATIVE OF THE DEPARTMENT WHO CONDUCTED THE INSPECTION, SURVEY OR EVALUATION SHALL SUBMIT A COPY OF THEIR REPORT TO THE LICENSEE OR THEIR REPRESENTATIVE, UPON EXITING THE FACILITY. A copy of the information gathered during a complaint investigation will not be provided upon exiting the facility. COMMENTS OR DOCUMENTATION PROVIDED BY THE LICENSEE WHICH MAY REFUTE FINDINGS IN THE REPORT, WHICH EXPLAIN EXTENUATING CIRCUMSTANCES THAT THE FACILITY COULD NOT REASONABLY HAVE PREVENTED OR WHICH INDICATE METHODS AND TIMETABLES FOR CORRECTION OF DEFICIENCIES DESCRIBED IN THE REPORT SHALL BE PROVIDED TO THE DEPARTMENT WITHIN 10 DAYS OF RECEIPT OF THE COPY OF THE REPORT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4153-212(c)).

d) Consultation consists of providing advice or suggestions to the staff of a facility at their request relative to specific methods of the scope of regulation, method of compliance with the Act or rules, and/or general matters of patient care.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

financial statements are needed.

2) The frequency and time period of such filings shall be as determined by the Department for each individual facility.

d) 1) The financial statement shall be filed with the Department within ninety (90) days following the end of the designated reporting period. (6)

2) The financial statement will not be considered as having been filed unless all sections of the prescribed forms have been properly completed. Those sections which do not apply to a particular facility shall be noted "not applicable" on the forms. (6)

e) The information required to be submitted in the financial statement will include, but is not limited to, the following:

1) Facility information, including: facility name and address, licensure information, type of ownership, licensed bed capacity, date and cost of building construction and additions, date and cost of acquisition of buildings, building sizes, equipment costs and dates of acquisition. (6)

2) Resident information, including: number and level of care of residents by source of payment, income from residents by level of care. (6)

3) Cost information by level of care, including:

A) General service costs; such as dietary, food, housekeeping, laundry, utilities, and plant operation and maintenance. (6)

B) Health care costs; such as medical director, nursing, medications, oxygen, activities, medical records, other medical services, social services, and utilization reviews. (6)

C) General Administration; such as administrative salaries, professional services, fees, subscriptions, promotional, insurance, travel, clerical, employee benefits, license fees, and inservice training and education. (6)

1) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent

2) The time period covered in the financial statement shall be a period determined by the Department for the initial filing, and shall thereafter coincide with the facility's fiscal year or the calendar year. (6)

b) The Department may require any facility to file an audited financial statement, if the Department determines that such a statement is needed.

c) 1) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent

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c) 1) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent



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Section 330.210(e)(3) (continued)

- D) Ownership; such as depreciation, interest, taxes, rent, and leasing. (6)
- E) Special Service cost centers; such as habilitative and rehabilitative services, therapies, transportation, education, barber and beauty care, and gift and coffee shop. (6)
- 4) Income information, including operating and nonoperating income. (6)
- 5) Ownership information, including balance sheet and payment to owners. (6)
- 6) Personnel information, including the number and type of people employed and salaries paid. (6)
- 7) Related organization information, including related organizations from which services are purchased. (6)
- f) The new owner or a new lessee of a previously licensed facility may file a projection of capital costs at the time of closing or signing of the lease. (6)
- 1) A facility which is licensed for the first time (a newly constructed facility) must file a projection of capital costs. (6)
- 2) Each of the above must file a full cost report within nine (9) months after acquisition (covering the first six (6) months of operation.). Each must also file a cost report within ninety (90) days of the close of its first complete fiscal year. (6)
- g) NO PUBLIC FUNDS SHALL BE EXPENDED FOR THE MAINTENANCE OF ANY RESIDENT IN ANY FACILITY WHICH HAS FAILED TO FILE THIS FINANCIAL STATEMENT, AND NO PUBLIC FUNDS SHALL BE PAID TO, OR ON BEHALF OF, A FACILITY WHICH HAS FAILED TO FILE THE STATEMENT.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.220 Information to be Made Available to the Public By the Department

EMERGENCY

- a) THE DEPARTMENT SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS SECTION SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.
- b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. ~~(6)~~
- c) THE FOLLOWING INFORMATION IS SUBJECT TO DISCLOSURE TO THE PUBLIC FROM THE DEPARTMENT OR THE DEPARTMENT OF PUBLIC AID:
  - 1) INFORMATION SUBMITTED UNDER SECTIONS 3-103 AND 3-207 OF THE ACT, EXCEPT INFORMATION CONCERNING THE REMUNERATION OF PERSONNEL LICENSED, REGISTERED, OR CERTIFIED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION AND MONTHLY CHARGES FOR AN INDIVIDUAL PRIVATE RESIDENT;
  - 2) RECORDS OF LICENSE AND CERTIFICATION INSPECTIONS, SURVEYS, AND EVALUATIONS OF FACILITIES, OTHER REPORTS OF INSPECTIONS, SURVEYS, AND EVALUATIONS OF RESIDENT CARE, AND REPORTS CONCERNING A FACILITY PREPARED PURSUANT TO TITLES XVIII AND XIX OF THE SOCIAL SECURITY ACT, (42 U.S.C.A. 1395 et seq. and 1396 et seq.) SUBJECT TO THE PROVISIONS OF THE SOCIAL SECURITY ACT (42 U.S.C.A. 301 et seq.);
  - 3) COST AND REIMBURSEMENT REPORTS SUBMITTED BY A FACILITY UNDER SECTION 3-208 OF THE ACT REPORTS OF AUDITS OF FACILITIES, AND OTHER PUBLIC RECORDS CONCERNING THE COST INCURRED BY, REVENUES RECEIVED BY, AND REIMBURSEMENT OF FACILITIES;
  - 4) COMPLAINTS FILED AGAINST A FACILITY AND COMPLAINT INVESTIGATION REPORTS, EXCEPT THAT A COMPLAINT OR COMPLAINT INVESTIGATION REPORT SHALL NOT BE DISCLOSED TO A PERSON OTHER THAN THE COMPLAINANT OR COMPLAINANT'S REPRESENTATIVE BEFORE IT IS DISCLOSED TO A FACILITY UNDER SECTION 3-702 OF THE ACT, AND, FURTHER, EXCEPT THAT A COMPLAINANT OR RESIDENT'S NAME SHALL NOT BE DISCLOSED EXCEPT UNDER SECTION 3-702 OF THE ACT.
  - 5) THE DEPARTMENT SHALL DISCLOSE INFORMATION UNDER THIS SECTION IN ACCORDANCE WITH PROVISIONS FOR INSPECTION AND COPYING OF PUBLIC



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.220(c)(5) (continued)

RECORDS REQUIRED BY THE FREEDOM OF INFORMATION ACT (Ill. Rev. Stat. 1984 Supp., ch. 116, par. 201 et seq.); AND

- 6) HOWEVER, THE DISCLOSURE OF INFORMATION DESCRIBED IN SUBSECTION (1) SHALL NOT BE RESTRICTED BY ANY PROVISION OF THE FREEDOM OF INFORMATION ACT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-205).

- d) Copies of reports available to the public may be obtained by making a written request to the Department in accordance with the Department's Freedom of Information rules - Ill. Adm. Code 1124. However, access to cost reports shall be governed by Department of Public Aid rule "Access to Cost Reports" (89 Ill. Adm. Code 140.544). The Department may, at its discretion, waive this fee if the party requesting the material is involved in legal action with the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.230 Information to be Made Available to the Public By the Licensee

## EMERGENCY

- a) EVERY FACILITY SHALL CONSPICUOUSLY POST OR DISPLAY IN AN AREA OF IT ACCESSIBLE TO RESIDENTS, EMPLOYEES, AND VISITORS THE FOLLOWING:

- 1) ITS CURRENT LICENSE; ~~-(6)-~~
- 2) A DESCRIPTION, PROVIDED BY THE DEPARTMENT OF COMPLAINT PROCEDURES ESTABLISHED UNDER THE "NURSING HOME CARE REFORM ACT OF 1979" AND THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A PERSON AUTHORIZED BY THE DEPARTMENT TO RECEIVE COMPLAINTS; ~~-(6)-~~
- 3) A COPY OF ANY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT; AND ~~-(6)-~~
- 4) A LIST OF THE MATERIAL AVAILABLE FOR PUBLIC INSPECTION UNDER SECTION 3-210 OF THE "NURSING HOME CARE REFORM ACT OF 1979." ~~-(6)-~~

- b) A FACILITY SHALL RETAIN THE FOLLOWING FOR PUBLIC INSPECTION:

- 1) A COMPLETE COPY OF EVERY INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT DURING THE PAST FIVE (5) YEARS; ~~-(6)-~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.220(c)(5) (continued)

RECORDS REQUIRED BY THE FREEDOM OF INFORMATION ACT (Ill. Rev. Stat. 1984 Supp., ch. 116, par. 201 et seq.); AND

- 6) HOWEVER, THE DISCLOSURE OF INFORMATION DESCRIBED IN SUBSECTION (1) SHALL NOT BE RESTRICTED BY ANY PROVISION OF THE FREEDOM OF INFORMATION ACT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152-205).

- d) Copies of reports available to the public may be obtained by making a written request to the Department in accordance with the Department's Freedom of Information rules - Ill. Adm. Code 1124. However, access to cost reports shall be governed by Department of Public Aid rule "Access to Cost Reports" (89 Ill. Adm. Code 140.544). The Department may, at its discretion, waive this fee if the party requesting the material is involved in legal action with the Department.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.230 Information to be Made Available to the Public By the Licensee

## EMERGENCY

- a) EVERY FACILITY SHALL CONSPICUOUSLY POST OR DISPLAY IN AN AREA OF IT ACCESSIBLE TO RESIDENTS, EMPLOYEES, AND VISITORS THE FOLLOWING:

- 1) ITS CURRENT LICENSE; ~~-(6)-~~
- 2) A DESCRIPTION, PROVIDED BY THE DEPARTMENT OF COMPLAINT PROCEDURES ESTABLISHED UNDER THE "NURSING HOME CARE REFORM ACT OF 1979" AND THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A PERSON AUTHORIZED BY THE DEPARTMENT TO RECEIVE COMPLAINTS; ~~-(6)-~~
- 3) A COPY OF ANY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT; AND ~~-(6)-~~
- 4) A LIST OF THE MATERIAL AVAILABLE FOR PUBLIC INSPECTION UNDER SECTION 3-210 OF THE "NURSING HOME CARE REFORM ACT OF 1979." ~~-(6)-~~

- b) A FACILITY SHALL RETAIN THE FOLLOWING FOR PUBLIC INSPECTION:

- 1) A COMPLETE COPY OF EVERY INSPECTION REPORT OF THE FACILITY RECEIVED FROM THE DEPARTMENT DURING THE PAST FIVE (5) YEARS; ~~-(6)-~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.230(b) (continued)

- 2) A COPY OF EVERY ORDER PERTAINING TO THE FACILITY ISSUED BY THE DEPARTMENT OR A COURT DURING THE PAST FIVE (5) YEARS; (6)
- 3) A DESCRIPTION OF THE SERVICES PROVIDED BY THE FACILITY AND THE RATES CHARGED FOR THOSE SERVICES AND ITEMS FOR WHICH A RESIDENT MAY BE SEPARATELY CHARGED; (6)
- 4) A COPY OF THE STATEMENT OF OWNERSHIP REQUIRED BY SECTION 3-207 OF THE "NURSING HOME CARE REFORM ACT OF 1979"; (6)
- 5) A RECORD OF PERSONNEL EMPLOYED OR RETAINED BY THE FACILITY WHO ARE LICENSED, CERTIFIED OR REGISTERED BY THE DEPARTMENT OF REGISTRATION AND EDUCATION. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.250 Ownership Disclosure  
EMERGENCY

- a) AS A CONDITION OF THE ISSUANCE OR RENEWAL OF THE LICENSE OF ANY FACILITY, THE APPLICANT SHALL FILE A STATEMENT OF OWNERSHIP. THE APPLICANT SHALL NOTIFY THE Department of any change in AGREE-TO UPDATE THE INFORMATION REQUIRED IN THE STATEMENT OF OWNERSHIP WITHIN 10 DAYS OF THE CHANGE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-207(a)) ~~EVERY SIX (6) MONTHS FROM THE INITIAL DATE OF FILING IF THERE IS ANY CHANGE---~~(6)
- b) A statement of ownership shall include the following:
  - 1) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity designated as the operator/licensee of the facility which is the subject of the application or license; (6)
  - 2) The name, address, Social Security Number, telephone number, occupation or business activity, business address, business telephone number and the percent of direct or indirect financial interest of those persons who have a direct or indirect financial interest of five (5) percent or more in the legal entity that owns the building in which the operator/licensee is

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.250(b)(2) (continued)

operating the facility which is the subject of the application or license; and (6)

- 3) THE ADDRESS OF ANY FACILITY WHEREVER LOCATED, IN WHICH THE APPLICANT HAS ANY OWNERSHIP INTEREST.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.272 Determination to Issue a Notice of Violation or  
EMERGENCY Administrative Warning

- a) Upon receipt of a report of an inspection, survey or evaluation of a facility, the Director or his designee shall review the findings contained in the report to determine WHETHER THE REPORT'S FINDINGS CONSTITUTE A VIOLATION OR VIOLATIONS OF WHICH THE FACILITY MUST BE GIVEN NOTICE and which THREATEN THE HEALTH, SAFETY, OR WELFARE OF A RESIDENT OR RESIDENTS. All information, evidence, and observations made during an inspection, survey or evaluation shall be considered findings or deficiencies.
- b) In making this determination, the Director or his designee shall consider any COMMENTS AND DOCUMENTATION PROVIDED BY THE FACILITY within 10 days of receipt of the report in accordance with Section 330.200(c).
- c) In determining whether the findings warrant the issuance of a notice of violation, the Director or his designee shall base his determination on the following factors:
  - 1) THE SEVERITY OF THE FINDING. The Director or his designee will consider whether the finding constitutes a merely technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the standard.
  - 2) THE DANGER POSED TO RESIDENT HEALTH AND SAFETY. The Director or his designee will consider whether the finding could pose any direct or indirect harm to the residents.
  - 3) THE DILIGENCE AND EFFORTS TO CORRECT DEFICIENCIES AND CORRECTION OF REPORTED DEFICIENCIES BY THE FACILITY. Consideration will be



## DEPARTMENT OF PUBLIC HEALTH

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## Section 330.272(c)(3) (continued)

given to any evidence provided by the facility in its comments and documentation that steps have been taken to reduce noted findings and to insure a reduction of deficiencies.

- 4) THE FREQUENCY AND DURATION OF SIMILAR FINDINGS IN PREVIOUS REPORTS AND THE FACILITY'S GENERAL INSPECTION HISTORY. The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the DEPARTMENT SHALL ISSUE AN ADMINISTRATIVE WARNING as provided in Section 330.277. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))

- e) d) VIOLATIONS SHALL BE DETERMINED UNDER THIS SECTION NO LATER THAN 60 DAYS AFTER COMPLETION OF EACH INSPECTION, SURVEY AND EVALUATION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-212(c))

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.274 Determination of the Level of a Violation  
EMERGENCY

- a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director or his designee will review the findings which are the basis of the violation and any comments and documentation provided by the facility to determine the level of the violation. Each violation shall be determined to be either a level A<sub>1</sub> or level B<sub>1</sub> or level-6 violation based on the criteria outlined in this Section.
- b) The following definitions of levels of violations shall be used in determining the level of each violation:
- 1) A "level A violation" or "type A violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE

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## Section 330.274(b)(1) (continued)

RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM WILL RESULT THEREFROM. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4151-129)

- 2) A "level B violation" or "type B violation" is A VIOLATION OF THE ACT OR THESE RULES WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT. (Ill. Rev. Stat., 1985, ch. 111 1/2, par. 4151-310)

- 3) A "level-6-violation" or "type-6-violation" is-A-VIOLATION-OF-THE-ACT-OR-THOSE-RULES-WHICH-GREATS-A-CONDITION-OR-OCCURRENCE-RELATING-TO-THE-OPERATION-AND-MAINTENANCE-OF-A-FACILITY-WHICH-INDIRECTLY-THREATENS-THE-HEALTH,-SAFETY-OR-WELFARE-OF-A-RESIDENT.--(Ill.-Rev.-Stat.-1985,-ch.-111-1/2,-par.-4151-131)

c) In determining the level of a violation, the Director or his designee shall consider the following criteria:

- 1) The specific requirements of this Part which have been violated and the designated level of violation for those provisions.

A) The designated level of violation is indicated by the letter or letters in parentheses following specific provisions. The presence of more than one letter following a specific provision indicates that the provision may be applicable to different levels of violation. The absence of any letter following a specific provision indicates that no designated level of violation is applicable to that provision has been determined.

B) The designated level of violation will be considered in conjunction with the other criteria contained in subsections (c)(2) and (c)(3) of this Section which may increase or decrease the level of violation cited for a specific violation, except that no violation of-a requirement-designated-as-level-6 will be cited as a level B violation unless there is a direct threat to the health, safety or welfare of a resident, or as a level A violation unless there is a substantial probability of the death of a resident or serious mental or physical harm to a resident.



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## Section 330.274(c) (continued)

- 2) The degree of danger to the resident or residents which is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:

- A) Whether the resident or residents of the facility are able to recognize conditions or occurrences which may be harmful and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the residents as indicated by review of patient needs will be considered in relation to this determination.
- B) Whether the resident or residents have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting resident access to hazardous areas will be considered.

- C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.

- D) Whether the resident or residents of the facility were notified of the condition or occurrence and the promptness of such notice. Failure of the facility to notify residents of potentially harmful conditions or occurrences will be considered. The adequacy of the method of such notification and the extent to which such notification reduced the potential danger to the residents will also be considered.

- 3) The directness and imminence of the danger to the resident or residents by the condition or occurrence in the facility. In assessing the directness and imminence of the danger, the following factors will be considered:

- A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a resident or residents resulted from the condition or occurrence and the extent of such harm.
- B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the

## DEPARTMENT OF PUBLIC HEALTH

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## Section 330.274(c)(3)(B) (continued)

resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.

- C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.
- D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.
- E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.276 Notice of Violation  
EMERGENCY

- a) EACH NOTICE OF VIOLATION SHALL BE IN WRITING AND SHALL CONTAIN THE FOLLOWING INFORMATION:

- 1) A description of THE NATURE OF THE VIOLATION.
- 2) A citation of the specific STATUTORY PROVISION OR RULE which the Department believes has been violated. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-301)
- 3) A statement of the level of the violation as determined pursuant to Section 330.274.
- 4) One of the following requirements for corrective action:
  - A) For level A violations, a statement that necessary corrective action to ABATE OR ELIMINATE the violation must be taken IMMEDIATELY or within a specific FIXED PERIOD OF TIME NOT EXCEEDING 15 DAYS. In setting this period, the

## DEPARTMENT OF PUBLIC HEALTH

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## Section 330.276(a)(4)(A) (continued)

Department will consider whether harm to residents of the facility is imminent, whether necessary precautions can be taken to protect residents before the corrective action is completed, and whether delay would pose additional risks to the residents.

- B) For level B violations and level C violations, a REQUEST that the facility submit A PLAN OF CORRECTION WITHIN 10 DAYS OF THE RECEIPT OF THE NOTICE OF VIOLATION pursuant to Section 3-303 of the Act (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303) and Section 330.278 of this Part.
- 5) A statement that the Department may take additional action under the Act, including assessment of penalties or licensure action.
- 6) A description of the licensee's right to appeal the notice and its right to a hearing.

- b) Each notice of violation shall be sent to the facility and the licensee by registered mail or served personally at the facility WITHIN TEN DAYS after the Director or his designee determines that issuance of a notice of violation is warranted under Section 330.272 (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-301).

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.277 Administrative Warning  
EMERGENCY

- a) Each administrative warning shall be in writing and shall include the following information:

- 1) A description of the nature of the violation.
- 2) A citation of the specific statutory provision or rule which the Department believes has been violated.
- 3) A statement that the FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE SITUATION, CONDITION, OR PRACTICE. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(a))

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## Section 330.277 (continued)

- b) Each administrative warning shall be sent to the facility and the licensee or served personally at the facility within ten days after the Director or his designee determines that issuance of an administrative warning is warranted under Section 330.272.
- c) The facility is not required to submit a plan of correction in response to an administrative warning.
- d) If the Department finds, during THE NEXT ON-SITE INSPECTION WHICH OCCURS MORE THAN 90 DAYS AFTER THE ISSUANCE OF THE ADMINISTRATIVE WARNING, that the facility has not CORRECTED THE SITUATION, CONDITION, OR PRACTICE WHICH RESULTED IN THE ISSUANCE OF THE ADMINISTRATIVE WARNING, the Department shall notify the facility of the finding. The facility must then SUBMIT A WRITTEN PLAN OF CORRECTION as provided in Section 330.278. The Department will consider the plan of correction and take any necessary action in accordance with Section 330.278. (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-303.2(b))

(Source: Emergency rule added at 12 Ill. Reg. 8939, effective October 24, 1988, for a maximum of 150 days)

Section 330.278 Plans of Correction  
EMERGENCY

- a) A FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF A NOTICE OF VIOLATION FOR A LEVEL B ~~OR LEVEL C~~ VIOLATION, or after receipt of a notice under Section 330.277(d) of failure to correct a situation, condition, or practice which resulted in the issuance of an administrative warning, TO PREPARE AND SUBMIT A PLAN OF CORRECTION to the Department.
- b) Within the 10-day period, a facility may request additional time for submission of the plan of correction. The Department will extend the period for submission of the plan of correction for an additional 30 days, when it finds that corrective action by a facility to abate or eliminate the violation will require SUBSTANTIAL CAPITAL IMPROVEMENT. The Department will consider the extent and complexity of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the residents of the facility in determining whether to grant a requested extension.



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## Section 330.278 (continued)

c) Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps which will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.
- d) Submission of a plan of correction shall not be considered an admission by the facility that the violation has occurred.
- e) The Department shall review each plan of correction to insure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan only if it finds any of the following deficiencies:

- 1) The plan does not appear to address the conditions or occurrences which are the basis of the violation and an evaluation of the practices, policies, and procedures which have caused or contributed to the conditions or occurrences.
- 2) The plan is not specific enough to indicate the actual actions the facility will be taking to abate, eliminate, or correct the violation.
- 3) The plan does not provide for measures which will abate or eliminate, or correct the violation.
- 4) The plan does not provide steps which will avoid future occurrences of the same and similar violations.
- 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation, any possible harm to the residents, and the extent and complexity of the corrective action.

f) When the Department rejects a submitted plan of correction, it shall

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## Section 330.278(f) (continued)

notify the facility. The notice of rejection shall be in writing and shall specify THE REASON FOR THE REJECTION. THE FACILITY SHALL HAVE 10 DAYS AFTER RECEIPT OF THE NOTICE OF REJECTION TO SUBMIT A MODIFIED PLAN.

- g) If a facility fails to submit a plan or modified plan meeting the criteria in subsection (c) within the prescribed time periods in subsection (a) or subsection (d), AN APPROVED PLAN OF CORRECTION WILL BE IMPOSED BY THE DEPARTMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-303(b))
- h) The Department shall verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys and evaluations of the facility.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.282 Conditions for Assessment of Penalties  
EMERGENCY

The Department shall consider the assessment of a monetary penalty against a facility under the following conditions:

- a) When a notice of violation for a level A violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$5000 as determined by the Director or his designee considering the factors outlined in Section 330.286(a), or
    - B) The total of the following:
      - i) \$5 PER RESIDENT IN THE FACILITY, PLUS
      - ii) \$.20 PER RESIDENT FOR EACH DAY OF THE VIOLATION, COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(1))



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## Section 330.282(a) (continued)

- 2) The facility shall also be issued a conditional license for a period of six months as provided in Section 330.260.
- b) When a facility fails to abate or eliminate a level A violation immediately or within the period set by the Department in the notice of violation pursuant to Section 330.276(a)(4)(A).
  - 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be three times the penalty computed under subsection (a)(1) of this Section.
  - 3) The license of the facility shall be revoked as provided in Section 330.180.
- c) When a notice of violation for a level B violation is issued.
  - 1) The penalty to be assessed for this violation shall be the greater of the following:
    - A) An amount NOT LESS THAN \$500 as determined by the Director or his designee considering the factors outlined in Section 330.286(a), or
    - B) The total of the following:
      - i) \$.15 PER RESIDENT IN THE FACILITY, PLUS
      - ii) COMMENCING ON THE DAY ON WHICH THE NOTICE OF VIOLATION IS RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(2))

- 2) Upon acceptance of a plan of correction by the Department, assessment of the penalty shall be suspended by the Department. No additional penalty shall be imposed for days during which the plan of correction is in effect.

- d) When a facility fails to correct a level B violation within the time period specified in the plan of correction approved by the Department.
  - 1) The facility shall be cited for a repeat violation.
  - 2) The penalty to be assessed shall be computed in accordance with

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## Section 330.282(d)(2) (continued)

subsection (c)(1) of this Section. Days during which the plan of correction was in effect shall be included in the calculation of the penalty.

- 3) The facility shall also be issued a conditional license for a period of at least six months as provided in Section 330.260.
- e) When a facility fails to implement the corrective action required in the plans of correction for ten or more level C violations within the time period required in the plans of correction approved by the Department and fails to substantially address the issues raised by the violations routinely throughout the facility.

- 1) The facility shall be cited for repeat violations.
- 2) The penalty to be assessed shall be calculated as the total of the following:
  - A) \$.50 PER RESIDENT IN THE FACILITY, PLUS
  - B) \$.10 PER RESIDENT FOR EACH DAY OF THE REPEAT VIOLATIONS, COMMENCING ON THE DAY ON WHICH THE NOTICE OF THE REPEAT VIOLATIONS ARE RECEIVED BY THE FACILITY AND ENDING ON THE DAY THE NECESSARY CORRECTIVE ACTION IS COMPLETED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(3))

- e) f) WHEN A NOTICE OF VIOLATION IS ISSUED FOR A VIOLATION OF ARTICLE II OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4152-101 through par. 4152-212) WITH REGARD TO THE RIGHTS OF A PARTICULAR RESIDENT OF THE FACILITY, THE DEPARTMENT SHALL ORDER THE FACILITY TO REIMBURSE THE RESIDENTS FOR ANY INJURIES INCURRED OR IF THE AMOUNT OF THE INJURIES IS LESS THAN \$100, THE DEPARTMENT SHALL ORDER THE FACILITY TO PAY \$100 TO THE RESIDENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(6, 7))

(Source: Emergency amendment at 12.111. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.284 Calculation of Penalties  
EMERGENCY

- a) For the purpose of calculating penalties as provided in Section 330.282, EACH DAY ON WHICH A VIOLATION CONTINUES TO EXIST AFTER THE DAY ON WHICH NOTICE OF THE VIOLATION IS RECEIVED BY THE FACILITY

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## Section 330.284(a) (continued)

SHALL BE CONSIDERED A SEPARATE VIOLATION. The Department shall not be required to send additional notices of violation to the facility for such continuing violations. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-302)

- b) For purposes of calculating penalties as provided in Section 330.282, THE NUMBER OF RESIDENTS IN THE FACILITY AND THE NUMBER OF RESIDENTS ON EACH DAY SHALL BE CALCULATED AS THE AVERAGE NUMBER OF RESIDENTS IN THE FACILITY DURING THE THIRTY DAYS IMMEDIATELY PRECEDING THE DAY ON WHICH THE FINDINGS WERE MADE IN THE FACILITY AND THE CONDITIONS OR OCCURRENCES DETERMINED TO BE A VIOLATION WERE DISCOVERED. The number of residents in the facility on the day on which the findings were made in the facility will be considered to be the same as the average number of residents in the facility during the preceding thirty days, unless evidence is provided by the facility substantiating that the average number of residents for that period was different. Changes in the number of residents in the facility subsequent to the day on which the findings were made shall not be considered in the calculation. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-305(5, 6))

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.290 Quarterly List of Violators  
EMERGENCY

- a) THE DEPARTMENT SHALL PREPARE ON A QUARTERLY BASIS A LIST CONTAINING THE NAMES AND ADDRESSES OF ALL FACILITIES AGAINST WHICH THE DEPARTMENT DURING THE PREVIOUS QUARTER HAS:

- 1) Issued a NOTICE OF PENALTY ASSESSMENT for a level A violation as provided in Section 330.286 and Section 3-305(a) of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-305(a)). sent-a notice-under-Section-3-307-regarding-a-penalty-assessment-under-subsections-(1)-(3)-(4)-(5)-of-Section-3-305;
- 2) Issued a NOTICE OF REVOCATION of the facility's license as provided in Section 330.180 and sent-a-notice-of-license-revocation-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ‡
- 3) Issued a NOTICE REFUSING RENEWAL of the facility's license as provided in Section 330.175 and sent-a-notice-refusing-renewal

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## Section 330.290(a)(3) (continued)

- of-a-license-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ‡
- 4) Issued a NOTICE TO SUSPEND the facility's license as provided in sent-a-notice-to-suspend-a-license-under-Section-3-119 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). ‡
  - 5) ISSUED A CONDITIONAL LICENSE to the facility based on violations which were NOT CORRECTED as provided in Section 330.260 and Section 3-313 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-119). issued-a-conditional-license-for-violations and-penalties-described-under-Sections-3-301-and-3-303;
  - 6) PLACED A MONITOR IN THE FACILITY as provided in Section 330.270 and Section 3-501 of the Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 4153-501) for one of the following reasons: placed-a-monitor-under-subsections-(a)-(b)-and-(c)-of-Section-3-501-and-under-subsection-(d)-of-such-Section-where-license-renewal-or-nonrenewal-notices-have-also-been-issued;

A) The facility is operating without a license.

B) The Department has revoked or refused to renew the license of the facility.

C) The facility is closing or has informed the Department that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure.

D) The Department determines that an emergency exists and HAS ISSUED A NOTICE OF REVOCATION OR NONRENEWAL against the facility's license.

7) INITIATED AN ACTION TO APPOINT A RECEIVER. ‡

8) RECOMMENDED TO THE DIRECTOR OF THE DEPARTMENT OF PUBLIC AID, OR THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE DEPARTMENT FOR VIOLATIONS IN RELATION TO PATIENT CARE OF A FACILITY PURSUANT TO TITLES XVII AND XIX (42 U.S.C. Sections 1395 et seq. and 1396 et seq.) OF THE FEDERAL SOCIAL SECURITY ACT. (Ill. Rev. Stat. 1985-Supp-1987, ch. 111 1/2, par. 4153-304(a))

b) IN ADDITION TO THE NAME AND ADDRESS OF THE FACILITY, THE LIST SHALL



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INCLUDE THE NAME AND ADDRESS OF THE PERSON OR LICENSEE AGAINST WHOM THE ACTION HAS BEEN INITIATED, A SELF-EXPLANATORY SUMMARY OF THE FACTS WHICH WARRANTED THE INITIATION OF EACH ACTION, THE TYPE OF ACTION INITIATED, THE DATE OF THE INITIATION OF THE ACTION, THE AMOUNT OF THE PENALTY SOUGHT TO BE ASSESSED, IF ANY, AND THE FINAL DISPOSITION OF THE ACTION, IF COMPLETED. (Ill. Rev. Stat. ~~1985~~ ~~Supp.~~ 1987, ch. 111 1/2, par. 4153-304(b))

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.300 Alcoholism Treatment Programs In Long Term Care Facilities  
EMERGENCY

- a) A long-term care facility that desires to provide an alcoholism treatment program must first receive written approval from both the Division of Long-Term Care and the Division of Hospitals and Ambulatory Health Programs. Such approval will be granted only if it can be shown that such program will not interfere in any way with the residents in the other parts of the facility. ~~(G)~~
- b) Any alcoholism treatment program in a long-term care facility must meet the program standards of the Rules and Regulations for Alcoholism and Intoxication Treatment Programs, as promulgated by the Illinois Department of Public Health under the Alcoholism Treatment Licensing Act (Ill. Rev. Stat. 1979, ch. 111 1/2, pars. 2301 et seq.). ~~(G)~~
- c) The alcoholism treatment program must be in a completely separate distinct part of the long-term care facility, and must include all beds in that distinct part. It must be completely separated from the rest of the facility, and have separate entrances. ~~(G)~~
- d) Beds designated for alcoholism treatment cannot be used for long-term care residents, nor can beds designated for long-term care residents be used for residents undergoing treatment for alcoholism. ~~(G)~~
- e) The alcoholism treatment program staff will not be utilized in performing services in the long-term care area of the facility, nor will long-term care program staff be utilized to provide any services in the alcoholism treatment designated area. ~~(G)~~
- f) There may be joint use of laundry, food service, housekeeping and administrative services, provided written approval is obtained from

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the Division of Long-Term Care. Such approval will be granted only if it can be shown that such joint usage will not interfere in any way with the residents in other parts of the facility. ~~(G)~~

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.330 Definitions  
EMERGENCY

- a) Each definition is considered to be a separate rule, but they are not given individual numbers because they are listed alphabetically, and numbers would have to be changed each time a new definition was added or deleted.
- b) The terms defined below are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:  
ABUSE - ANY PHYSICAL OR MENTAL INJURY OR SEXUAL ASSAULT INFLICTED ON A RESIDENT OTHER THAN BY ACCIDENTAL MEANS IN A FACILITY.  
ACCESS - THE RIGHT TO:  
ENTER ANY FACILITY;  
COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT WHO CONSENTS TO THE COMMUNICATION;  
SEEK CONSENT TO COMMUNICATE PRIVATELY AND WITHOUT RESTRICTION WITH ANY RESIDENT;  
INSPECT THE CLINICAL AND OTHER RECORDS OF A RESIDENT WITH THE EXPRESS WRITTEN CONSENT OF THE RESIDENT;  
OBSERVE ALL AREAS OF THE FACILITY EXCEPT THE LIVING AREA OF ANY RESIDENT WHO PROTESTS THE OBSERVATION.  
Act, The - as used in these standards, the "Nursing Home Care Reform Act of 1979, as amended."  
Activity Program - a specific planned program of varied group and individual activities geared to the individual resident's



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needs and available for a reasonable number of hours each day.

Adaptive Behavior - the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group.

Addition - any construction attached to the original building which increases the area or cubic content of the building.

Adequate - enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

Administrative Warning - a notice to a facility issued by the Department under Section 330.277 of this Part and Section 3-303.2 of the Act, which indicates that a situation, condition, or practice in the facility violates the Act or the Department's rules, but is not a level A or level B violation.

Administrator - the person who is directly responsible for the operation and administration of the facility, irrespective of the assigned title. (See Licensed Nursing Home Administrator)

Advocate - a person who represents the rights and interests of an individual as though they were the person's own, in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

## AFFILIATE MEANS:

WITH RESPECT TO A PARTNERSHIP, EACH PARTNER THEREOF.

WITH RESPECT TO A CORPORATION, EACH OFFICER, DIRECTOR AND STOCKHOLDER THEREOF.

WITH RESPECT TO A NATURAL PERSON: ANY PERSON RELATED IN THE FIRST DEGREE OF KINSHIP TO THAT PERSON; EACH PARTNERSHIP AND EACH PARTNER THEREOF OF WHICH THAT PERSON OR ANY AFFILIATE OF THAT PERSON IS A PARTNER; AND EACH CORPORATION IN WHICH THAT PERSON OR ANY AFFILIATE OF THAT PERSON IS AN OFFICER, DIRECTOR OR STOCKHOLDER.

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Aide or Orderly - any person providing direct personal care, training and/or habilitation services to residents.

Alteration - any construction change or modification of an existing building which does not increase the area or cubic content of the building.

Ambulatory Resident - a person who is physically and mentally capable of walking without assistance, or is physically able with guidance to do so, including the ascent and descent of stairs.

Applicant - any person making application for a license.

Appropriate - term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation.

Assessment - the use of an objective system with which to evaluate the physical, social, developmental, behavioral, psychosocial, etc., aspects of an individual.

Audiologist - a person who is certified or is eligible for a certificate of clinical competence in audiology granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision or meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

Autism - A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual functioning; Mental illness observed in young children characterized by severe withdrawal and inappropriate response to external stimulation.

Autoclave - an apparatus for sterilizing by superheated steam under pressure.

Auxiliary Personnel - all nursing personnel in intermediate care facilities and skilled nursing facilities other than licensed personnel.

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Basement - when used in these regulations means any story or floor level below the main or street floor. Where due to grade difference, there are two levels each qualifying as a street floor, a basement is any floor below the level of the two street floors. Basements shall not be counted in determining the height of a building in stories.

Behavior Modification - treatment to be used to establish or change behavior patterns.

Cerebral Palsy - a disorder dating from birth or early infancy, nonprogressive, characterized by examples of aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavior disorders.

Certification for Title XVIII and XIX - the issuance of a document by the Department to the Department of Health and Human Services or the Department of Public Aid verifying compliance with applicable statutory or regulatory requirements for the purposes of participation as a provider of care and service in a specific Federal or State health program.

Charge Nurse - a charge nurse is a registered professional nurse or a licensed practical nurse in charge of the nursing activities for a specific unit or floor during a tour of duty.

Community Alternatives - service programs in the community provided as an alternative to institutionalization.

Community Living Facility - see Facility, Community Living.

CONTINUING-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL FORMS OF FINANCIAL SUPPORT FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

Contract - a binding agreement between a resident or his guardian or if the resident is a minor, his parent and the facility or its agent.

Corporal Punishment - painful stimuli inflicted directly upon the body.

Cruelty and Indifference to Welfare of the Resident - failure to

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provide a resident with the care and supervision he requires; or, the infliction of mental or physical abuse. Examples of physical abuse are restraining a resident, striking, slapping, hitting, or withholding food as punishment. Examples of mental abuse are swearing, threatening and seclusion.

Dentist - any person licensed by the State of Illinois to practice dentistry, includes persons holding a Temporary Certificate of Registration, as provided in the Dental Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 2202 et seq.).

Department - as used in these standards means the Illinois Department of Public Health.

Developmentally Disabled - those individuals whose disability is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other pathological conditions which generally originate before such individuals attain age eighteen (18), and which continue, or can be expected to continue, indefinitely, and which constitute a substantial functioning handicap to such individuals.

Developmental Disability - a severe, chronic disability of a person which:

is attributable to a mental or physical impairment or combination of mental and physical impairment;

is manifest before age twenty-two (22);

is likely to continue indefinitely;

results in substantial functional limitations in three (3) or more of the following areas of major life activities:

self-care;

receptive and expressive language;

learning;

mobility;

self-direction;

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capacity for independent living; and  
economic self-sufficiency; and

reflects the persons' needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and individually planned and coordinated.

Dietetic Service Supervisor - a person who:

is a qualified dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association;

or is a graduate of a Department-approved course that provides ninety (90) or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution, which included consultation from a dietitian; or

has training and experience in food service supervision and management in a military service equivalent in content to the program in paragraph (2) or (3) of this definition.

Dietitian - a person who:

is eligible for registration by the American Dietetic Association; or has a baccalaureate degree with major studies in food and nutrition, dietetics, and food service management, has one (1) year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

Direct Supervision - means that work is performed under the guidance and direction of a supervisor who is responsible for the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results.

Director - the Director of Public Health or his designee.

Director of Nursing Service - the full-time Professional

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Registered Nurse who is directly responsible for the immediate supervision of the nursing services.

Discharge - the full release of any resident from a facility.

Distinct Part - an entire, physically identifiable unit consisting of all of the beds within that unit and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for a distinct part are established as set forth in the respective regulations governing the levels of services approved for the distinct part.

EMERGENCY - A SITUATION, PHYSICAL CONDITION OR ONE OR MORE PRACTICES, METHODS OR OPERATIONS WHICH PRESENT IMMINENT DANGER OF DEATH OR SERIOUS PHYSICAL OR MENTAL HARM TO RESIDENTS OF A FACILITY.

Epilepsy - a chronic symptom of cerebral dysfunction, characterized by recurrent attacks, involving changes in the state of consciousness, sudden in onset, and of brief duration. Many attacks are accompanied by a seizure in which the person falls involuntarily.

Equivalent of a Graduate Licensed Practical Nurse - a licensed practical nurse, licensed by waiver who successfully passes the proficiency examination approved by the U.S. Department of Health and Human Services shall be considered the equivalent of a licensed practical nurse who is a graduate of an approved school of practical nursing for the purposes of these standards.

Existing Long-Term Care Facility - any facility initially licensed as a health care facility or approved for construction by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, prior to March 1, 1980. Existing long-term care facilities shall meet the design and construction standards for existing facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Facility, Community Living - a place of residence as limited in these standards for between five (5) and eighty (80) ambulatory adults who are mildly or moderately mentally retarded with a potential for being absorbed into the mainstream of community life.



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Facility, Intermediate Care - a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities which may have reached a relatively stable plateau.

Facility, Intermediate Care for the Developmentally Disabled - when used in these standards is a facility of three (3) or more persons, or distinct part thereof, serving residents of which more than fifty (50) percent are developmentally disabled. Facilities with any number less than fifty (50) percent of developmentally disabled residents, who are determined by the Department with consultation from the Division of Developmental Disabilities, Illinois Department of Mental Health and Developmental Disabilities to need organized social support and training programs, must comply with the program requirements in these minimum Standards.

FACILITY OR LONG-TERM CARE FACILITY - A PRIVATE HOME, INSTITUTION, BUILDING, RESIDENCE, OR ANY OTHER PLACE, WHETHER OPERATED FOR PROFIT OR NOT, OR A COUNTY HOME FOR THE INFIRM AND CHRONICALLY ILL OPERATED PURSUANT TO "THE COUNTY HOME ACT" (111. Rev. Stat. 1983, ch. 53, par. 61 et seq.), AS NOW OR HEREAFTER AMENDED, OR BY A COUNTY PURSUANT TO "AN ACT IN RELATION TO HOMES FOR THE AGED", APPROVED JULY 21, 1959 (111. Rev. Stat. 1983, ch. 34, par. 3561 et seq.) AS NOW OR HEREAFTER AMENDED, OR ANY SIMILAR INSTITUTION OPERATED BY A POLITICAL SUBDIVISION OF THE STATE OF ILLINOIS, WHICH PROVIDES, THROUGH ITS OWNERSHIP OR MANAGEMENT, PERSONAL CARE, SHELTERED CARE OR NURSING FOR THREE (3) OR MORE PERSONS, NOT RELATED TO THE APPLICANT OR OWNER BY BLOOD OR MARRIAGE. IT INCLUDES SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES AS THOSE TERMS ARE DEFINED IN TITLE XVIII AND TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT (42 U.S.C.A. 1395 et seq. and 1396 et seq.). A "facility" may consist of more than one building as long as the buildings are on the same tract, or adjacent tracts of land. However, there shall be no more than one "facility" in any one building.

"FACILITY" DOES NOT INCLUDE THE FOLLOWING:

- A HOME, INSTITUTION, OR OTHER PLACE OPERATED BY THE FEDERAL GOVERNMENT OR AGENCY THEREOF, OR BY THE STATE OF ILLINOIS;
- A HOSPITAL, SANITARIUM, OR OTHER INSTITUTION WHOSE PRINCIPAL ACTIVITY OR BUSINESS IS THE DIAGNOSIS, CARE, AND

TREATMENT OF HUMAN ILLNESS THROUGH THE MAINTENANCE AND OPERATION AS ORGANIZED FACILITIES THEREFOR, WHICH IS REQUIRED TO BE LICENSED UNDER THE "HOSPITAL LICENSING ACT" (111. Rev. Stat. 1983, ch. 111 1/2, par. 142 et seq.) AS NOW OR HEREAFTER AMENDED; OR

ANY "FACILITY FOR CHILD CARE" AS DEFINED IN THE "CHILD CARE ACT OF 1969" (111. Rev. Stat. 1983, ch. 23, par. 2211 et seq.) AS NOW OR HEREAFTER AMENDED.

Facility, Skilled Nursing - when used in this Part is synonymous with a skilled nursing facility. A skilled nursing facility provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during recurrences of symptoms in long-term illness.

Financial Responsibility - sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two (2) month period of time.

Full-time - means on duty a minimum of thirty-six (36) hours, four (4) days per week.

Goal - an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

Governing Body - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

GUARDIAN - A PERSON APPOINTED AS A GUARDIAN OF THE PERSON OR GUARDIAN OF THE ESTATE, OR BOTH, OF A RESIDENT UNDER THE "PROBATE ACT OF 1975" (111. Rev. Stat. 1983, ch. 110 1/2, par. 1-1 et seq.) AS NOW OR HEREAFTER AMENDED.

Habilitation - an effort directed toward the alleviation of a disability or toward increasing a person's level of physical, mental, social or economic functioning. Habilitation may

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include, but is not limited to, diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, counseling and other services.

Health Services Supervisor - (Director of Nursing Service) the full-time Registered Nurse, or Licensed Practical Nurse, who is directly responsible for the immediate supervision of the health services in an Intermediate Care Facility.

Home for the Aged - any facility which is operated: by a not for profit corporation incorporated under, or qualified as a foreign corporation under, the "General Not For Profit Corporation Act" approved July 17, 1943, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 32, par. 163a et seq.); or, by a county pursuant to "An Act in relation to homes for the aged", approved July 21, 1959, as heretofore or hereafter amended (Ill. Rev. Stat. 1983, ch. 34, par. 3561 et seq.); or, pursuant to a trust or endowment established for nonprofit, charitable purposes, and which provides maintenance, personal care, nursing or sheltered care to three (3) or more residents, ninety percent of whom are sixty (60) or more years of age.

Hospitalization - the care and treatment of a person in a hospital as an in-patient.

House Manager - a qualified person on duty forty (40) hours a week managing the Community Living Facility and responsible for its operation and its inhabitants.

Individual Educational Program (IEP) - a written statement for each resident that provides for specific education and related services. The Individual Education Program may be incorporated into the Individual Habilitation Plan (IHP).

Individual Habilitation Plan (IHP) - a total plan of care that is developed by the interdisciplinary team for each resident, and that is developed on the basis of all assessment results.

Institutional Occupancy - when used in these regulations means Health Care Facilities, Group (a), as defined in Chapter 10, paragraph 10-0001 of the Life Safety Code, National Fire Protection Association (1967 Edition).

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Interdisciplinary Team - a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's needs, and designs a program to meet those needs. This team shall include at least a physician, a social worker and other professionals. In Intermediate Care Facilities for The Developmentally Disabled (ICF/DD's) at least one member of the team shall be a Qualified Mental Retardation Professional.

Licensed Nursing Home Administrator - a person who is charged with the general administration and supervision of a facility and licensed under the "Nursing Home Administrators Licensing Act", as now or hereafter amended (Ill. Rev. Stat. 1983, ch. 111, par. 3601 et seq.).

Licensed Practical Nurse - a person with a valid Illinois license to practice as a practical nurse.

LICENSEE - THE PERSON OR ENTITY LICENSED TO OPERATE THE FACILITY AS PROVIDED UNDER THE ACT.

LIFE-CARE CONTRACT - A CONTRACT THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE.

MAINTENANCE - FOOD, SHELTER, AND LAUNDRY SERVICES.

Maladaptive Behavior - impairment in adaptive behavior as determined by a clinical psychologist or by a physician.

Impaired adaptive behavior may be reflected in delayed maturation, reduced learning ability or inadequate social adjustment.

Medical Record Practitioner - a person who: is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART), by the American Medical Record Association under its requirements; or is a graduate of a school of medical record science that is accredited jointly by the American Medical Association and the American Medical Record Association.

Mentally Retarded and Mental Retardation - subaverage general intellectual functioning originating during the developmental period and associated with maladaptive behavior.



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Misappropriation of Property - using a resident's cash, clothing, or other possessions without authorization by the resident or the resident's authorized representative; failure to return valuables after a resident's discharge; or failure to refund money after death or discharge when there is an unused balance in the resident's personal account.

Mobile Nonambulatory - unable to walk independently or without assistance, but able to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

Mobile Resident - any resident who is able to move about either independently or with the aid of assistive devices such as walkers, crutches, wheelchairs, wheeled platforms, and so forth.

MONITOR - A QUALIFIED PERSON PLACED IN A FACILITY BY THE DEPARTMENT TO OBSERVE OPERATIONS OF THE FACILITY, ASSIST THE FACILITY BY ADVISING IT ON HOW TO COMPLY WITH THE STATE REGULATIONS, AND WHO REPORTS PERIODICALLY TO THE DEPARTMENT ON THE OPERATIONS OF THE FACILITY.

NEGLECT - A FAILURE IN A FACILITY TO PROVIDE ADEQUATE MEDICAL OR PERSONAL CARE OR MAINTENANCE, WHICH FAILURE RESULTS IN PHYSICAL OR MENTAL INJURY TO A RESIDENT OR IN THE DETERIORATION OF A RESIDENT'S PHYSICAL OR MENTAL CONDITION.

New Long-Term Care Facility - any facility initially licensed as a health care facility by the Department, or any facility initially licensed or operated by any other agency of the State of Illinois, on or after March 1, 1980. New long-term care facilities shall meet the design and construction standards for new facilities for the level of long-term care for which the license (new or renewal) is to be granted.

Normalization - the principle of helping individuals to obtain an existence as close to normal as possible, by making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

NURSE - A REGISTERED NURSE OR A LICENSED PRACTICAL NURSE AS DEFINED IN "THE ILLINOIS NURSING ACT" (Ill. Rev. Stat. 1983, ch. 111, par. 3401 et seq.) AS NOW OR HEREAFTER AMENDED.

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Nursing Assistant - Any person who provides nursing care and/or personal care to residents of licensed long-term care facilities, regardless of title, and who is not otherwise licensed, certified or registered by the Department of Registration and Education to render medical care. Other titles often used to refer to nursing assistants include, but are not limited to, nurse's aide, orderly and nurse technician. Nursing assistants must function under the supervision of a licensed nurse.

Nursing Care - a complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the resident's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

Nursing Unit - a physically identifiable distinct part of a facility consisting of all the beds within the distinct part, but having no more than seventy-five (75) beds, none of which are more than one-hundred twenty (120) feet from the nurse's station.

Objective - an expected result or condition that involves a relatively short period of time to achieve, that is specified in behavioral terms, and that is related to the achievement of a goal.

Occupational Therapist, Registered (OTR) - a person who is registered with the Department of Registration and Education as an occupational therapist under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Occupational Therapy Assistant - a person who is registered with the Department of Registration and Education as a certified occupational therapy assistant under the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 3701 et seq.).

Operator - the person responsible for the control, maintenance and governance of the facility, its personnel and physical plant.

Oversight - general watchfulness and appropriate action to meet the total needs of the residents, exclusive of nursing or



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personal care. Oversight shall include, but is not limited to, social, recreational and employment opportunities for residents who, by reason of mental disability, or in the opinion of a licensed physician, are in need of residential care.

OWNER - THE INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION OR OTHER PERSON WHO OWNS A FACILITY. IN THE EVENT A FACILITY IS OPERATED BY A PERSON WHO LEASES THE PHYSICAL PLANT, WHICH IS OWNED BY ANOTHER PERSON, "OWNER" MEANS THE PERSON WHO OPERATES THE FACILITY, EXCEPT THAT IF THE PERSON WHO OWNS THE PHYSICAL PLANT IS AN AFFILIATE OF THE PERSON WHO OPERATES THE FACILITY AND HAS SIGNIFICANT CONTROL OVER THE DAY-TO-DAY OPERATIONS OF THE FACILITY, THE PERSON WHO OWNS THE PHYSICAL PLANT SHALL INCUR JOINTLY AND SEVERALLY WITH THE OWNER ALL LIABILITIES IMPOSED ON AN OWNER UNDER THE ACT.

Person - any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity whatsoever. Person in Need of Mental Treatment - any person who is mentally ill and who, because of his illness, is reasonably expected to inflict serious physical harm upon himself or another in the near future or is unable to provide for his basic physical needs so as to guard himself from serious harm.

PERSONAL CARE - ASSISTANCE WITH MEALS, DRESSING, MOVEMENT, BATHING, OR OTHER PERSONAL NEEDS, OR GENERAL SUPERVISION AND OVERSIGHT OF THE PHYSICAL AND MENTAL WELL-BEING OF AN INDIVIDUAL, EXCLUSIVE OF NURSING, WHO BECAUSE OF AGE, PHYSICAL OR MENTAL DISABILITY, EMOTIONAL OR BEHAVIOR DISORDER, OR MENTAL RETARDATION IS INCAPABLE OF MAINTAINING A PRIVATE, INDEPENDENT RESIDENCE, OR WHO IS INCAPABLE OF MANAGING HIS PERSON WHETHER OR NOT A GUARDIAN HAS BEEN APPOINTED.

Pharmacist, Registered - a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act (Ill. Rev. Stat. 1983, ch. 111, par. 4002 et seq.).

Physical Therapy Assistant - a person who has graduated from a two (2) year college level program approved by the American Physical Therapy Association.

Physical Therapist - a person who is registered with the

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Department of Registration and Education as a physical therapist under the Illinois Physical Therapy License Act (Ill. Rev. Stat. 1983, ch. 111, par. 4201 et seq.),

Physician - any person licensed by the State of Illinois to practice medicine in all its branches as provided in the "Medical Practice Act" (Ill. Rev. Stat. 1983 ch. 111, par. 4401 et seq.).

Probationary License - an initial license issued for a period of one hundred twenty (120) days during which time the Department will determine the qualifications of the applicant.

Program Coordinator - a qualified person directly responsible for the overall program, operation and management of a Community Living Facility.

Psychiatrist - a physician who has had at least three (3) years of formal training or primary experience in the diagnosis and treatment of mental illness.

Psychologist - a person who is registered with the Illinois Department of Registration and Education to practice clinical psychology.

Qualified Mental Retardation Professional - a person who is:

an educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded.

a physical or occupational therapist who has specialized training or one (1) year of experience in treating the mentally retarded.

a physician licensed by the State of Illinois to practice medicine or osteopathy and with specialized training or one (1) year of experience in treating the mentally retarded.

a psychologist with at least a Master's Degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded.

a registered nurse with a valid current Illinois registration to practice as a registered professional nurse

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who has specialized training or one (1) year of experience in treating the mentally retarded.

a speech pathologist or audiologist who has specialized training or one (1) year of experience in treating the mentally retarded.

a registered social worker with a Bachelor's Degree in social work from an accredited program, or a Bachelor's Degree in a field other than social work and at least three (3) years social work experience under the supervision of a qualified social worker, and with specialized training or with one (1) year of experience in working with the mentally retarded.

a therapeutic recreation specialist who is a graduate of an accredited program and eligible for Certification by the National Council for Therapeutic Recreation Certification, and who has specialized training or one (1) year experience working with the mentally retarded.

a rehabilitation counselor who is certified by the Commission on Rehabilitation Counselor Certification and who has specialized training or one (1) year of experience in treating the mentally retarded.

Qualified Professional - a person who meets the educational, technical and ethical criteria of a health care profession, as evidenced by eligibility for membership in an organization established by the profession for the purpose of recognizing those persons who meet such criteria; and who is licensed, registered, certified, etc. by the State of Illinois, if required.

REASONABLE VISITING HOURS - ANY TIME BETWEEN THE HOURS OF 10 A.M. AND 8 P.M. DAILY.

Registered Nurse - a person with a valid Illinois registration to practice as a registered professional nurse.

Reputable Moral Character - having no history of a conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or of a corporation, of any of its officers, or directors, or of the person designated to manage or supervise the facility, of a felony, or of two (2) or

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more misdemeanors involving moral turpitude, as shown by a certified copy of the record of the court of conviction, or in the case of the conviction of a misdemeanor by a court not of record, as shown by other evidence; or other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable.

RESIDENT - PERSON RESIDING IN AND RECEIVING PERSONAL CARE FROM A FACILITY.

Resident Services Director - the full-time administrator, or an individual on the professional staff in the facility, who is directly responsible for the coordination and monitoring of the residents' overall plans of care in an intermediate care facility.

RESIDENT'S REPRESENTATIVE - A PERSON OTHER THAN THE OWNER, OR AN AGENT OR EMPLOYEE OF A FACILITY NOT RELATED TO THE RESIDENT, OR DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED.

Restorative Care - a health care process designed to assist residents to attain and maintain the highest degree of function of which they are capable (physical, mental, and social).

Restraint of a Resident - the application of a device to limit movements.

Room - a part of the inside of a facility that is partitioned continuously from floor to ceiling with openings closed with glass or hinged doors.

Safety Device - any equipment or protective device used on a bed, chair, or resident which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric and/or adaptive chairs, a wide band (minimum width six (6) inches), vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent injuring one's self.

Satisfactory - same as adequate

Seclusion - the retention of a resident in a room which he cannot open.



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## Section 330.330 (continued)

Self Preservation - the ability to follow directions and/or recognize impending danger or emergency situations and react by avoiding or leaving the unsafe area.

## SHELTERED CARE - MAINTENANCE AND PERSONAL CARE.

Social Worker, Qualified - a person who:

is licensed by the State of Illinois (registered or certified by the Illinois Department of Registration and Education); and is a graduate of a school of social work which has been approved by the Council on Social Work Education (some schools are approved for Bachelor's Degree programs and others for Master's Degree programs); and has one (1) year of social work experience in a health care setting.

State Fire Marshal - the Fire Marshal of the Office of the State Fire Marshal, Division of Fire Prevention.

Sterilization - the act or process of destroying completely all forms of microbial life, including viruses.

STOCKHOLDER OF A CORPORATION - ANY PERSON WHO, DIRECTLY OR INDIRECTLY, BENEFICIALLY OWNS, HOLDS OR HAS THE POWER TO VOTE, AT LEAST 5% OF ANY CLASS OF SECURITIES ISSUED BY THE CORPORATION.

Story - when used in these regulations means that portion of a building between the upper surface of any floor and the upper surface of the floor above except that the topmost story shall be the portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

STUDENT INTERN - MEANS ANY PERSON WHOSE TOTAL TERM OF EMPLOYMENT IN ANY FACILITY DURING ANY 12-MONTH PERIOD IS EQUAL TO OR LESS THAN 90 CONTINUOUS DAYS, AND WHOSE TERM OF EMPLOYMENT IS EITHER:

AN ACADEMIC CREDIT REQUIREMENT IN A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION, OR

IMMEDIATELY SUCCEEDS A FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR UNDERGRADUATE INSTITUTION, PROVIDED THAT SUCH PERSON IS REGISTERED FOR ANOTHER FULL QUARTER, SEMESTER OR TRIMESTER OF ACADEMIC ENROLLMENT IN EITHER A HIGH SCHOOL OR

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## Section 330.330 (continued)

UNDERGRADUATE INSTITUTION WHICH QUARTER, SEMESTER OR TRIMESTER WILL COMMENCE IMMEDIATELY FOLLOWING THE TERM OF EMPLOYMENT.

Substantial - meeting requirements except for variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 330.280(q)(8), 330.280(k)(2) and 330.280(k)(4).

Substantial failure - the failure to meet requirements other than a variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Sections 330.180(b)(1) and 330.260(f).

Sufficient - Same as adequate

Supervision - authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor must be on the premises if the person does not meet assistant level (two (2) year training program) qualifications specified in these definitions.

Therapeutic Recreation Specialist - a person who is certified by the National Council for Therapeutic Recreation Certification and who meets the minimum standards it has established for classification as a Therapeutic Recreation Specialist.

Time Out - removing an individual from a situation that results in undesirable behavior. It is a behavior modification procedure which is developed and implemented under the supervision of a qualified professional.

TITLE XVIII - TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED (42 U.S.C. Section 1395 et seq.).

TITLE XIX - TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT AS NOW OR HEREFTER AMENDED (42 U.S.C. Section 1395 et seq.).

TRANSFER - A CHANGE IN STATUS OF A RESIDENT'S LIVING ARRANGEMENTS FROM ONE FACILITY TO ANOTHER FACILITY.



Section 330.330 (continued)

TYPE A VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY PRESENTING A SUBSTANTIAL PROBABILITY THAT DEATH OR SERIOUS MENTAL OR PHYSICAL HARM TO A RESIDENT WILL RESULT THEREFROM.

TYPE B VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY DIRECTLY THREATENING TO THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.

~~TYPE C VIOLATION - A VIOLATION OF THE ACT OR OF THE RULES PROMULGATED THEREUNDER WHICH CREATES A CONDITION OR OCCURRENCE RELATING TO THE OPERATION AND MAINTENANCE OF A FACILITY WHICH INDIRECTLY THREATENS THE HEALTH, SAFETY OR WELFARE OF A RESIDENT.~~

Unit - an entire physically identifiable residence area, in Community Living Facilities consisting of not less than five (5) nor more than twenty (20) beds, and having facilities meeting the standards applicable to the levels of service to be provided. Staff and services for each distinct resident area are established as set forth in the respective regulations governing the approved levels of service.

Universal Progress Notes - a common record with periodic narrative documentation by all persons involved in resident care.

Utensil Sanitizer - an apparatus for sanitizing unwrapped bulky type utensils by using boiling water and steam heat not under pressure.

Valid License - a license which is unsuspended, unrevoked and unexpired.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.510 Administrator  
EMERGENCY

- a) There shall be a responsible and qualified administrator full-time for each licensed facility. The administrator shall be a high school graduate or equivalent and at least eighteen (18) years of age. The

Section 330.510(a) (continued)

licensee will report any change in administrator to the Department, within five (5) days. (6)

- b) The administrator shall delegate in writing adequate authority to a person at least eighteen (18) years of age who is capable of acting in an emergency during his absence. Such administrative assignment shall not interfere with resident care and supervision. The administrator or the person designated by him to be in charge of the facility in his/her absence, shall be deemed by the Department to be the agent of the licensee for the purposes of Section 3-212 of the Nursing Home Care Reform Act, which requires Department staff to provide the licensee with a copy of their report before leaving the facility. (B5-6)

- c) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. (A, B5-6)

- d) The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects. (6)

- e) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council. (6)

- f) If the facility has an assistant administrator, the Department shall be informed of the name and dates of employment and termination of this person. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.710 Resident Care Policies  
EMERGENCY

- a) The facility shall have written policies and procedures which shall be formulated with the involvement of the administrator. These written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. They shall be in compliance with the Act and all rules promulgated thereunder. (B5-6)

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## Section 330.710 (continued)

b) All the information contained in the policies shall be available for review by Department personnel, residents, staff and the public. {6}

c) These written policies shall include, but are not limited to, the following provisions: {6}

1) Admission, transfer, and discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, etc. {6}

2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services, and social services. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.720 Admission and Discharge Policies  
EMERGENCY

a) 1) No resident determined by professional evaluation to be in need of nursing care shall be admitted to, or kept in, a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care. (B<sub>7</sub>-6)

2) Homes in Chicago licensed as Residential Care (Half-Way) Homes shall only accept and keep persons requiring residential care. Residential care is defined as maintenance and oversight. Oversight is defined as general watchfulness and appropriate action to meet the total needs of residents, exclusive of nursing or personal care, as defined in Chapter 136.1 of the "Municipal Code of the City of Chicago." Oversight shall include, at a minimum, social, recreational, and employment opportunities for residents who, by reason of previous physical or mental disability, or in the opinion of a licensed physician, are in need of residential care. {6}

b) Each facility shall have a policy concerning the admission of persons needing prenatal and/or maternity care, and a policy concerning the keeping of such persons who become pregnant while they are residents of the facility. If these policies permit such persons to be

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## Section 330.720(b) (continued)

admitted to, or kept in the facility, then the facility shall have a policy concerning the provision of adequate and appropriate prenatal and maternity care to such individuals from in-house and/or outside resources. {6}

c) No resident shall be admitted to, or kept in the facility:

1) Who requires mental treatment as defined in the "Illinois Mental Health Code." (See definition of "Person in Need of Mental Treatment" in Section 330.330.) (B<sub>7</sub>-6)

2) Who is destructive of property or himself. (B<sub>7</sub>-6)

3) Who has serious mental or emotional problems based on medical diagnosis. {6}

d) Children under eighteen (18) years of age may not be cared for in a facility for adults. {6}

e) A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident himself or, if incompetent, by the resident's guardian. {6}

f) No resident shall be admitted with a communicable, contagious or infectious disease as set forth in Section 330.1130 (a) through (c). (A, B<sub>7</sub>-6)

g) A facility shall not admit more residents than the number authorized by the license issued to it. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.730 Contract Between Resident and Facility  
EMERGENCY

a) 1) BEFORE A PERSON IS ADMITTED TO A FACILITY, OR AT THE EXPIRATION OF THE PERIOD OF PREVIOUS CONTRACT, OR WHEN THE SOURCE OF PAYMENT FOR THE RESIDENT'S CARE CHANGES FROM PRIVATE TO PUBLIC FUNDS OR FROM PUBLIC TO PRIVATE FUNDS, A WRITTEN CONTRACT SHALL BE EXECUTED BETWEEN A LICENSEE AND THE FOLLOWING IN ORDER OF PRIORITY:



Section 330.730(a)(1) (continued)

- A) THE PERSON, OR IF THE PERSON IS A MINOR, HIS PARENT OR GUARDIAN; OR
- B) THE PERSON'S GUARDIAN, IF ANY, OR AGENT, IF ANY, AS DEFINED IN SECTION 11a-23 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREAFTER AMENDED; OR
- C) A MEMBER OF THE PERSON'S IMMEDIATE FAMILY.

2) AN ADULT PERSON SHALL BE PRESUMED TO HAVE THE CAPACITY TO CONTRACT FOR ADMISSION TO A LONG-TERM CARE FACILITY UNLESS HE HAS BEEN ADJUDICATED A "DISABLED PERSON" WITHIN THE MEANING OF SECTION 11a-2 OF THE "PROBATE ACT OF 1975", AS NOW OR HEREAFTER AMENDED, OR UNLESS A PETITION FOR SUCH AN ADJUDICATION IS PENDING IN A CIRCUIT COURT OF ILLINOIS.

3) IF THERE IS NO GUARDIAN, AGENT OR MEMBER OF THE PERSON'S IMMEDIATE FAMILY AVAILABLE, ABLE OR WILLING TO EXECUTE THE CONTRACT REQUIRED BY SECTION 2-202 OF THE ACT AND A PHYSICIAN DETERMINES THAT A PERSON IS SO DISABLED AS TO BE UNABLE TO CONSENT TO PLACEMENT IN A FACILITY, OR IF A PERSON HAS ALREADY BEEN FOUND TO BE A "DISABLED PERSON", BUT NO ORDER HAS BEEN ENTERED ALLOWING RESIDENTIAL PLACEMENT OF THE PERSON, THAT PERSON MAY BE ADMITTED TO A FACILITY BEFORE THE EXECUTION OF A CONTRACT REQUIRED BY THAT SECTION; PROVIDED THAT A PETITION FOR GUARDIANSHIP OR FOR MODIFICATION OF GUARDIANSHIP IS FILED WITHIN 15 DAYS OF THE PERSON'S ADMISSION TO A FACILITY, AND PROVIDE FURTHER THAT SUCH A CONTRACT IS EXECUTED WITHIN 10 DAYS OF THE DISPOSITION OF THE PETITION.

4) NO ADULT SHALL BE ADMITTED TO A FACILITY IF HE OBJECTS, ORALLY OR IN WRITING, TO SUCH ADMISSION, EXCEPT AS OTHERWISE PROVIDED IN CHAPTERS III AND IV OF THE "MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE", AS AMENDED, OR SECTION 11a-14.1 OF THE "PROBATE ACT OF 1975", AS AMENDED.

5) If on the effective date of this Part, a person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of the person, within ten (10) days of the effective date of these rules, unless a petition has been filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or member of the person's immediate family available, able, or willing to execute the contract at that

Section 330.730(a)(5) (continued)

time, then a contract shall be executed within ten (10) days of the disposition of such petition.

- b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)." (6)
- c) A RESIDENT SHALL NOT BE DISCHARGED OR TRANSFERRED AT THE EXPIRATION OF THE TERM OF A CONTRACT, EXCEPT AS PROVIDED IN SECTIONS 3-401 THROUGH 3-423 OF THE ACT. (6)
- d) At the time of the resident's admission to the facility, a copy of the contract shall be given to the resident, his guardian, if any, and any other person who executed the contract. (6)
- e) The contract shall be signed by the licensee or his agent. The title of each person signing the contract for the facility shall be clearly indicated next to each such signature. The nursing home administrator may sign as the agent of the licensee. (6)
- f) The contract shall be signed by, or for, the resident, as described in subsection (a) above. If any person other than the principal signatory is to be held individually responsible for payments due under the contract that person shall also sign the contract on a separate signature line labelled "signature of responsible party" or "signature of guarantor." (6)
- g) The contract shall include a definition of "responsible party" or "guarantor" which describes in full the liability incurred by any such person. (6)
- h) A COPY OF THE CONTRACT FOR A RESIDENT WHO IS SUPPORTED BY NONPUBLIC FUNDS OTHER THAN THE RESIDENT'S OWN FUNDS SHALL BE MADE AVAILABLE TO THE PERSON PROVIDING THE FUNDS FOR THE RESIDENT'S SUPPORT. (6)
- i) THE ORIGINAL OR A COPY OF THE CONTRACT SHALL BE MAINTAINED IN THE FACILITY AND BE MADE AVAILABLE UPON REQUEST TO REPRESENTATIVES OF THE DEPARTMENT AND THE DEPARTMENT OF PUBLIC AID. (6)
- j) THE CONTRACT SHALL BE WRITTEN IN CLEAR AND UNAMBIGUOUS LANGUAGE AND SHALL BE PRINTED IN NOT LESS THAN 12 POINT TYPE. (6)
- k) THE CONTRACT SHALL SPECIFY THE TERM OF THE CONTRACT. (6)
- l) 1) THE CONTRACT SHALL SPECIFY THE SERVICES TO BE PROVIDED UNDER THE



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## Section 330.730(1)(1) (continued)

## Section 330.730(o)(2) (continued)

## CONTRACT AND THE CHARGES FOR THE SERVICES.

- 2) A paragraph shall itemize the services and products to be provided by the facility and express the cost of the itemized services and products to be provided either in terms of a daily, weekly, monthly or yearly rate, or in terms of a single fee. {6}

returned to the resident. If the deposit is nonrefundable the contract shall provide express notice of such nonrefundability. {6}

- m) THE CONTRACT SHALL SPECIFY THE SERVICES THAT MAY BE PROVIDED TO SUPPLEMENT THE CONTRACT AND THE CHARGES FOR THE SERVICES.

- 1) A paragraph shall itemize all services and products offered by the facility or related institutions which are not covered by the rate or fee established above in subsection (1). If a separate rate or fee for any such supplemental service or product can be calculated with definiteness at the time the contract is executed then such additional cost shall be specified in the contract. {6}

- 2) If the cost of any itemized service or product to be provided by the facility or related institutions to the resident cannot be established or predicted with definiteness at the time of the resident's admission to the facility or at the time of the execution of the contract, then no cost for that service or product need be stated in the contract. But the contract shall include a statement explaining the resident's liability for such itemized service or product and explaining that the resident will be receiving a bill for such itemized service or product beyond and in addition to any rate or fee set forth in the contract. {6}

- n) THE CONTRACT SHALL SPECIFY THE SOURCES LIABLE FOR PAYMENTS DUE UNDER THE CONTRACT.

- o) 1) THE CONTRACT SHALL SPECIFY THE AMOUNT OF DEPOSIT PAID.

- 2) Such amount shall be expressed in terms of a precise number of dollars and be clearly designated as a deposit. The contract shall specify when such deposit shall be paid by the resident and the contract shall specify when such deposit shall be returned by the facility. The contract shall specify the conditions (if any) which must be satisfied by the resident before the facility shall return the deposit. Upon the satisfaction of all such conditions the deposit shall be

- p) THE CONTRACT SHALL SPECIFY THE RIGHTS, DUTIES AND OBLIGATIONS OF THE RESIDENT, EXCEPT THAT THE SPECIFICATION OF A RESIDENT'S RIGHTS MAY BE FURNISHED ON A SEPARATE DOCUMENT WHICH COMPLIES WITH THE REQUIREMENTS OF SECTION 2-211 OF THE ACT. {6}

- q) THE CONTRACT SHALL DESIGNATE THE NAME OF THE RESIDENT'S REPRESENTATIVE, IF ANY. The resident shall provide the facility with a copy of the written agreement between the resident and the resident's representative which authorizes the resident's representative to inspect and copy the resident's records and authorizes the resident's representative to execute the contract on behalf of the resident required by Section 2-202 of the Act. {6}

- r) THE CONTRACT SHALL PROVIDE THAT IF THE RESIDENT IS COMPELLED BY A CHANGE IN PHYSICAL OR MENTAL HEALTH TO LEAVE THE FACILITY, THE CONTRACT AND ALL OBLIGATIONS UNDER IT SHALL TERMINATE ON SEVEN (7) DAYS NOTICE. IT SHALL ALSO PROVIDE THAT IN ALL OTHER SITUATIONS, A RESIDENT MAY TERMINATE THE CONTRACT AND ALL OBLIGATIONS UNDER IT WITH THIRTY (30) DAYS NOTICE. ALL CHARGES SHALL BE PRORATED AS OF THE DATE ON WHICH THE CONTRACT TERMINATES, AND, IF ANY PAYMENTS HAVE BEEN MADE IN ADVANCE, THE EXCESS SHALL BE REFUNDED TO THE RESIDENT. THIS PROVISION SHALL NOT APPLY TO LIFE-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO PROVIDE MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE NOR TO CONTINUING-CARE CONTRACTS THROUGH WHICH A FACILITY AGREES TO SUPPLEMENT ALL AVAILABLE FORMS OF FINANCIAL SUPPORT IN PROVIDING MAINTENANCE AND CARE FOR A RESIDENT THROUGHOUT THE REMAINDER OF HIS LIFE. {6}

- s) After July 1, 1982, all facilities which offer to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services, for a term in excess of one year or for life pursuant to a life care contract, shall meet all of the provisions of the "Life Care Facilities Act," (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4160-1 et seq.) as now or hereafter amended, including the obtaining of a permit from the Department, before they may enter into such contracts. {6}

- t) IN ADDITION TO ALL OTHER CONTRACT SPECIFICATIONS CONTAINED IN THIS SECTION, ADMISSION CONTRACTS SIGNED OR RENEWED AFTER JULY 1, 1985 SHALL ALSO SPECIFY: {6}

Section 330.730(t) (continued)

- 1) WHETHER THE FACILITY ACCEPTS MEDICAID CLIENTS;
- 2) WHETHER THE FACILITY REQUIRES A DEPOSIT OF THE RESIDENT OR HIS FAMILY PRIOR TO THE ESTABLISHMENT OF MEDICAID ELIGIBILITY;
- 3) IN THE EVENT THAT A DEPOSIT IS REQUIRED, A CLEAR AND CONCISE STATEMENT OF THE PROCEDURE TO BE FOLLOWED FOR THE RETURN OF SUCH DEPOSIT TO THE RESIDENT OR THE APPROPRIATE FAMILY MEMBER OR GUARDIAN OF THE PERSON;
- 4) THAT ALL DEPOSITS MADE TO A FACILITY BY A RESIDENT, OR ON BEHALF OF A RESIDENT, SHALL BE RETURNED BY THE FACILITY WITHIN 30 DAYS OF THE ESTABLISHMENT OF MEDICAID ELIGIBILITY, UNLESS SUCH DEPOSITS MUST BE DRAWN UPON OR ENCUMBERED IN ACCORDANCE WITH MEDICAID ELIGIBILITY REQUIREMENTS ESTABLISHED BY THE ILLINOIS DEPARTMENT OF PUBLIC AID. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152.202(j))
- u) IT SHALL BE A BUSINESS OFFENSE FOR A FACILITY TO KNOWINGLY AND INTENTIONALLY BOTH RETAIN A RESIDENT'S DEPOSIT AND ACCEPT MEDICAID PAYMENTS ON BEHALF OF THE RESIDENT. (Ill. Rev. Stat. 1985 Supp., ch. 111 1/2, par. 4152.202(k))

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.740 Residents' Advisory Council  
EMERGENCY

- a) EACH FACILITY SHALL ESTABLISH A RESIDENT'S ADVISORY COUNCIL CONSISTING OF AT LEAST FIVE (5) RESIDENT MEMBERS. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. THE ADMINISTRATOR SHALL DESIGNATE A MEMBER OF THE FACILITY STAFF OTHER THAN HIMSELF/HERSELF TO COORDINATE THE ESTABLISHMENT OF, AND RENDER ASSISTANCE TO, THE COUNCIL. (6)
- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:
  - 1) the inclusion of community members such as volunteers, family

Section 330.740(b)(1) (continued)

- members, residents' friends, residents' advocates, or community representatives, etc. on the resident advisory council;
- 2) the establishment of a separate community advisory group with persons of the residents' choosing;
- 3) finding a church or civic group to "adopt" the facility; or
- 4) the establishment of a family council made up of families and friends of residents who live in the community. (6)
- c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council. (6)
- d) In facilities of fifty beds or less, the resident advisory council may consist of all of the residents of the facility, if the residents choose to operate this way. (6)
- e) All resident advisory councils shall elect at least a Chairperson/President and a Vice Chairperson/Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance. (6)
- f) Some facilities may wish to establish mini-resident advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in Section 330.740(a). (6)
- g) All residents' advisory council meetings shall be open to participation by all residents and/or their representatives. (6)
- h) No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the nonmembers when invited by a majority of the officers of the residents' advisory council. (6)
- i) THE COUNCIL SHALL MEET AT LEAST ONCE EACH MONTH WITH THE STAFF COORDINATOR WHO SHALL PROVIDE ASSISTANCE TO THE COUNCIL IN PREPARING AND DISSEMINATING A REPORT OF EACH MEETING TO ALL RESIDENTS, THE ADMINISTRATOR, AND THE STAFF. (6)
- j) RECORDS OF THE COUNCIL MEETINGS WILL BE MAINTAINED IN THE OFFICE OF



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## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.740(j) (continued)

THE ADMINISTRATOR. (6)

k) THE COUNCIL SHALL BE A FORUM FOR:

- 1) OBTAINING AND DISSEMINATING INFORMATION;
- 2) SOLICITING AND ADOPTING RECOMMENDATIONS FOR FACILITY PROGRAMING AND IMPROVEMENTS;
- 3) EARLY IDENTIFICATION OF PROBLEMS;
- 4) RECOMMENDING ORDERLY RESOLUTION OF PROBLEMS.

1) THE COUNCIL MAY PRESENT COMPLAINTS ON BEHALF OF A RESIDENT TO THE DEPARTMENT, OR TO ANY OTHER PERSON IT CONSIDERS APPROPRIATE.

(Source: Emergency amendment at 12 Ill. Reg. 89.39, effective October 24, 1988, for a maximum of 150 days)

Section 330.750 General Policies  
EMERGENCY

- a) The facility shall have daily visiting hours from 10 A.M. to 8 P.M. daily. (6)
- b) There shall be no resident traffic through a resident's room by residents of the opposite sex to reach any other area of the building. (6)
- c) Children, not employed in the facility, under sixteen (16) years of age related to employees, owners, or administrators shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity. (6)

(Source: Emergency amendment at 12 Ill. Reg. 89.39, effective October 24, 1988, for a maximum of 150 days)

Section 330.760 Personnel Policies  
EMERGENCY

- a) There shall be written personnel policies which policies are followed in the operation of the facility that shall include, but are not

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## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.760(a) (continued)

limited to, the following: (6)

- 1) Employment application forms shall be completed on each employee and kept on file in the facility. They shall be available to Department personnel for review. These forms shall contain date of employment, age or birthdate, home address, educational background, past experience including types of employment, where previously employed, type of position employed to fill in this facility, last day employed (if no longer in present facility) and reasons for leaving. (6)
- 2) In addition to the application form, the individual personnel file shall contain other pertinent personnel data such as health records and evaluation of performance. (6)

- 3) A) Each employee shall have a physical examination which has been conducted within a period of ten (10) days before or after employment and annually thereafter. This shall include findings that permit certification that the employee is free of communicable, contagious or infectious diseases. Additional physical examinations may be requested at the discretion of the Department according to the rules for the "Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health.

- B) This initial physical exam shall include documentation regarding past or present tuberculosis infection, determined by either a tuberculosis skin test, or a chest x-ray taken within one (1) year prior to or ten (10) days after initial employment. Repeat skin tests and/or chest x-rays are not required unless the employee is exposed to a person with tuberculosis in its contagious stage or has signs and symptoms of disease. However, they are highly recommended, especially for persons residing or working in high-risk areas of the State.

- C) It is also recommended that employees who have been infected with tuberculosis (positive skin reaction) and have not had a full course of chemoprophylaxis or chemotherapy should complete one (1) year of daily INH unless contraindicated because of age or physical condition. Depending on their risk of developing disease, as determined by their physician, employees who have been infected and have not been able to complete a full course



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## Section 330.760(a)(3)(C) (continued)

of preventive treatment should have a chest x-ray annually. (B<sub>1</sub>-6)

- 4) An employee diagnosed or suspected of having a contagious or infectious disease shall not be on duty until such time as a written statement is obtained from a physician that the disease is no longer contagious or is found to be noninfectious. (B<sub>1</sub>-6)

## b) General.

- 1) All personnel shall have either training or experience, or both, in the job assigned to them. (B<sub>1</sub>-6)
- 2) There shall be an ongoing planned inservice program embracing orientation to the facility and its policies, skill training and ongoing education carried out to enable all personnel to perform their duties effectively. Written records of program content and personnel attending shall be kept. (B<sub>1</sub>-6)
- 3) No employee shall be assigned duties other than those directly related to his job functions, as identified in his job description, except in emergencies. (B<sub>1</sub>-6)
- 4) There shall be a plan to provide a program of personnel coverage for regular staff when they are absent. (B<sub>1</sub>-6)
- 5) Every facility shall have a dated weekly employee time schedule posted in a convenient place where employees may refer to it. This shall contain employee's name, job title, shift assignment, hours of work, and days off. This shall be kept on file in the facility for one (1) year. (6)

(Source: Emergency amendment at 12 Ill. Reg. 8939, effective October 24, 1988, for a maximum of 150 days)

Section 330.770 Disaster Preparedness  
EMERGENCY

- a) Each facility shall have policies covering disaster preparedness including a written plan for staff and residents to follow in case of fire, explosion, severe weather or other hazardous circumstances or emergencies. The plan shall be rehearsed at least twice a year for each shift. The plan shall include, but is not limited to, the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.770(a) (continued)

following: (B<sub>1</sub>-6)

- 1) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B<sub>1</sub>-6)
- 2) A written plan of evacuation posted, and made familiar to all personnel employed on the premises. (6)
- b) Fire and disaster drills shall be held at least quarterly, for each shift of facility personnel and under varied conditions, in order to: (6)
  - 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
  - 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility;
  - 3) Evaluate the effectiveness of disaster plans and procedures;
  - 4) Fire and disaster drills shall include simulation of evacuation of residents to safe areas during at least one drill each year on each shift.
  - 5) There shall be special provisions for the evacuation of the physically handicapped, including deaf and/or blind, such as fire chutes and mattress loops with poles.
  - 6) Where the welfare of the residents precludes an actual evacuation of an entire building, there must be drills involving the evacuation of successive portions of the building under such conditions as to assure the capability of evacuating the entire building with the personnel usually available, should the need arise.
  - 7) There shall be a written evaluation submitted to the facility administrator which shall be maintained for three years.
- c) A written plan shall be developed for temporarily relocating the residents for any emergency requiring relocation and any time the temperature in residents' bedrooms falls below fifty-five (55) degrees Fahrenheit for twelve (12) hours or more. (6)
- d) 1) Upon the occurrence of any emergency or disaster requiring

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## Section 330.770(d)(1) (continued)

hospital service, police, fire department or coroner, the facility administrator or their designee must provide a preliminary report by phone immediately, or at the latest the next working day, the Department utilizing either the nursing home hotline or by contacting directly the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:

- A) Name and location of facility;
  - B) type of emergency;
  - C) number of injuries or deaths to residents;
  - D) number of beds not usable due to the event;
  - E) estimate of the extent of damages to the facility;
  - F) type of assistance needed, if any;
  - G) other state or local agencies notified about the problem.
- 2) If the emergency will not require direct Departmental assistance, the facility shall provide the preliminary report within 24 hours of the incident. Additionally, the Department shall receive a full written account within seven (7) days of the incident which includes the information specified in (A) through (G) above and a statement of action taken by the facility after the preliminary report. (6)
  - e) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents whenever the temperature and relative humidity inside the residents living, dining, activities or sleeping areas of the facility are equal to or exceed the upper or lower limit lines (the solid lines) of the chart, "Zones of Physiological Perception, displayed in Table A: Disaster Preparedness Parameters -- Relative Humidity and Temperature. (A, B<sub>1</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.780 Serious Incidents and Accidents  
EMERGENCY

- a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department.

- 1) Notification shall be made by a phone call to the Regional Office within twenty-four (24) hours of each serious incident or accident. If the facility is unable to contact the Regional Office, notification shall be made by a phone call to the Department's toll-free complaint registry number. (6)
  - 2) A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven (7) days of the occurrence. (6)
  - b) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurses' notes for each resident involved. (6)
  - c) The facility shall maintain a file of all written reports of serious incidents or accidents involving residents. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.910 Personnel  
EMERGENCY

- a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one (1) staff member awake, dressed, and on duty each of the three (3) eight (8) hour shifts each day. (A, B<sub>1</sub>-6)
- b) The facility shall provide an administrator as set forth in Subpart B. (B)
- c) The facility shall provide activity personnel as set forth in Section 330.1310(b). (B<sub>1</sub>-6)
- d) The facility shall provide dietary personnel as set forth in Sections



Section 330.910(d) (continued)

330.1910 through 330.1920. (B<sub>5</sub>-6)

- e) Facilities that care for mentally retarded and/or discharged psychiatric residents shall be required to have a social worker who shall devote at least forty (40) hours per week providing that the facility cares for seventy-five (75) or more residents. Facilities caring for less than seventy-five (75) residents shall have a social worker who may be assigned other duties or shared with other facilities. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.920 Consultation Services  
EMERGENCY

- a) The facility shall designate a staff member to provide social services to residents. If the staff member designated to provide social services is not a registered or certified social worker, the facility shall have an effective arrangement with a registered or certified social worker to provide social service consultation. (6)
- b) The facility shall designate a staff member to be the director of the activities program. If this person is not a Registered Occupational Therapist, a Therapeutic Recreation Specialist, or a Certified Social Worker, the facility shall have a written agreement made with a person from one of those disciplines, to provide consultation to the activity director and shall assure the programming meets the needs of the residents. (6)
- c) The facility shall make arrangements for dietary consultation as set forth in Section 330.1960 (d) and (e). (B<sub>5</sub>-6)
- d) If the facility does not have a nurse currently registered to practice as a registered professional nurse in Illinois, arrangements shall be made for consultation from a person so qualified. She shall assist with the development of policies, methods and procedures relating to the medical program, medication, in-service on these medications and in-service training and all aspects of personal care. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.1110 Medical Care Policies  
EMERGENCY

- a) The facility shall have a written program of medical services approved in writing by the advisory physician that reflects the philosophy of care provided, the policies relating to this and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. (B<sub>5</sub>-6)
  - b) The services of a physician licensed to practice medicine in Illinois shall be available to every resident of the facility. Residents in facilities operated under bona fide Christian Science auspices may be exempt from this requirement. (A, B)
  - c)
    - 1) The resident or his guardian shall be permitted his choice of a physician. (6)
    - 2) The resident shall be seen by his/her physician as often as necessary to assure adequate health care. (A, B<sub>5</sub>-6)
  - d) Each resident admitted shall have a complete physical examination, within five (5) days prior to admission, or within seventy-two (72) hours after admission to the facility. This examination shall include an evaluation of the resident's condition and recommendations for his care including personal care needs and permission for participation in the activity program. (See Section 330.1310(c).) (B<sub>5</sub>-6)
  - e) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. (A, B)
  - f) At the time of an accident, immediate treatment shall be provided by personnel trained in medically approved first aid procedures. (A, B)
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.1120 Personal Care  
EMERGENCY

- a) Each resident shall have proper daily personal attention and/or care including skin, nails, hair, and oral hygiene, in addition to



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## Section 330.1120(a) (continued)

treatment ordered by the physician. (B<sub>7</sub>-6)

- b) Each resident shall have at least one (1) complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. (B<sub>5</sub>-6)
- c) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. (6)
- d) Each resident shall have clean bed linens at least once weekly and more often if necessary. (6)
- e) Each resident shall have sufficient clothing, in good condition, to be properly dressed each day. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1130 Communicable Disease Policies

## EMERGENCY

- a) The administrator shall assume the responsibility for meeting all the rules for the "Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health, so that there is a minimum danger of transmission of contagious, infectious, or communicable diseases. (B)
- b) No resident with a communicable, contagious, or infectious disease shall be admitted knowingly. An individual, when suspected or diagnosed as having any such disease, after admission, shall be placed in isolation in accordance with the rules for the "Control of Communicable Diseases" (77 Ill. Adm. Code 690), Illinois Department of Public Health, until removed from the facility. (A, B<sub>5</sub>-6)
- c) All illnesses required to be reported under (a), above, shall be reported immediately to the local health department and to this Department. The administrator shall furnish all pertinent information relating to such occurrences. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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## Section 330.1140 Behavior Emergencies

## EMERGENCY

- a) If a resident becomes disturbed or unmanageable, he shall be examined by his/her physician and/or a psychiatrist. This medical examination shall be made promptly. (B<sub>5</sub>-6)
- b) No form of seclusion shall be permitted. (6)
- c) Restraints shall be used only in an emergency to protect the resident from harming himself or harming other residents, visitors or staff. If it is necessary to use restraints for this purpose, the attending physician shall be contacted immediately for his orders for this emergency. In the event the attending physician is not immediately available, the facility's advisory physician shall be contacted for such orders. This emergency use of restraints shall only be temporary and for a short period of time until other arrangements can be made to transfer the resident to an appropriate facility or until the resident can be restored through medical treatment to his normal behavior pattern. In a single emergency, restraints shall not be used for a period of more than four (4) hours. If a restraint is used for more than two (2) hours, it must be released for a few minutes at least once every two (2) hours, or more often if necessary. There must be close observation of the resident while a restraint is being used. No restraints with locking devices may be used. (B)
- d) The reason for using the restraint must be recorded in the resident's record and if retained in the facility for a short period for medical treatment, the attending physician must indicate the need for the use of a restraint in the resident's record. If the physician's order is a telephone order, it shall be immediately recorded on the resident's record and countersigned by the physician within seventy-two (72) hours in the same manner as physicians orders for medications in an emergency. (6)
- e) There shall be written policies which are followed in the operation of the facility, covering the use of restraints. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.1310 Activity Program

## EMERGENCY

- a) There shall be a specific planned program of group and individual

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## Section 330.1310(a) (continued)

activities designed to encourage restoration to self care and maintenance of normal activity which is geared to the individual resident's needs. Activities shall be available daily and for a reasonable amount of time. Residents shall be given an opportunity to contribute to planning, preparation, conducting, cleanup, and critique of the program. (B5-6)

- b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as described in subsection (e) of this Section as well as the planning and directing of the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time. (In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school, employment or sheltered workshop, the minimum hours per week of activity staff time may be reduced. The reduction shall be calculated by multiplying the number of residents in the facility who participate in such programs by the percentage of the day these residents spend in such programs.)

## c) Activity Director and Consultation

- 1) There shall be a trained staff person designated responsible for planning and directing the activities program. This person shall regularly scheduled to be on duty in the facility at least 4 days per week.
- 2) If this person is not a Registered Occupational Therapist, a Therapeutic Recreation Specialist, or a Certified Social Worker with specialized coursework in social group work, the facility shall have a written agreement with a person from one of those disciplines to provide consultation to the Activity Director at least monthly, in order to make sure that the activity programming meets the needs of the residents.
- 3) Any person designated as Activity Director who is responsible for planning and directing the activities program hired after December 24, 1987, shall have a high school diploma or equivalent.
- 4) The activity director shall have a minimum of ten (10) hours of continuing education per year pertaining to activities

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## Section 330.1310(c)(4) (continued)

## programming.

- 5) Consultation will be required only every six months when the activity director meets or exceeds the criteria in Appendix D: Criteria for Activity Directors Who Need Only Minimal Consultation. (See 330.920(b) for consultant services when required).
- d) There shall be written permission, with any contraindications stated, given by the resident's physician for the resident to participate in the activity program. Standing orders will be acceptable with individual contraindications noted. (B5-6)
- e) The activity program should include at a minimum the following program areas:
  - 1) Recreational activities (examples: games, both quiet and active; parties; outside entertainment; etc.).
  - 2) Crafts (applicable for both men and women).
  - 3) Religious activities (examples: Bible study or discussion; Bible quizzes and games; hymn singing; grace at meals; etc.). These are in addition to routine religious services.
  - 4) Service activities for community and/or facility (examples: assist with community fund drives; projects for orphanages; care of one's own area in the facility; helping to fold linen; etc.).
  - 5) Intellectual and educational activities (examples: classes in writing, arithmetic, grooming, and social graces; planned group discussion; quizzes and word games; resident council; newsletter; etc.).
  - 6) Community activities (examples: residents' participation in community activities such as plays; church events; band concerts; tours; etc.).
  - f) A planned volunteer and/or auxiliary program that assists with the activities program shall be encouraged. It shall be under the direction of a staff member in a supervisory capacity.
  - g) Documentation of resident's response to program shall be part of the



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## Section 330.1310(g) (continued)

resident's record as set forth in Section 330.1710(f)(1).

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1320 Work Programs

EMERGENCY

Work programs for residents in facilities may be allowed if they are oriented toward resident adjustment and therapeutic benefits. (6)

- a) Permission for such programming shall be secured from the Department. The program shall be presented in writing indicating such things as objectives, possible work assignment, duties, policies governing the program, agency involvement (where appropriate), and supervision. (6)
- b) Residents involved in such programs shall meet all requirements of the Department for persons functioning in these positions. (6)
- c) Residents shall not be used to replace employed staff. (B)
- d) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. (See Section 330.1710(f)(1).) (6)
- e) All such programs shall be in full compliance with all applicable regulations of both the State and Federal Departments of Labor. Any program found by the Department not to be in compliance with State and Federal Departments of Labor regulations shall be terminated immediately. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.1330 Written Policies for Restorative Services

EMERGENCY

There shall be written policies, which are followed in the operation of the facility covering all restorative services offered by the facility to achieve and maintain the highest possible degree of function, self-care and

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## Section 330.1330 (continued)

independence. These shall be developed as set forth in Section 330.710 (a) through (c). (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1510 Medication Policies

EMERGENCY

- a) Every facility shall adopt written policies and procedures, which are consistent with the purpose of the Act and these Rules and Regulations and which shall be followed in the operation of the facility, for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. (A, B<sub>5</sub>-6)

- 1) These policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services. (See Section 330.710.) (B<sub>5</sub>-6)

- 2) All medications taken by residents in a facility must be ordered by the attending physician directly from a pharmacy. Facility staff may not order medication from a pharmacy, unless the facility has a licensed nurse who supervises the medication regimen of the residents. In such facilities, the nurse may transmit the physician's orders to the pharmacy, as is done in nursing homes. (A, B<sub>5</sub>-6)

- 3) If the policies of the facility permit residents to be totally responsible for their own medication, when the attending physician gives written permission for such action, the policies of the facility shall provide that the resident and attending physician shall be given written statements concerning the relative responsibilities of each of the three parties (facility, resident and physician), in cases where the resident, or any other person, suffers harm due to the resident's actions in handling his/her own medications. (6)

- 4) If the facility elects to administer medications to some residents for control purposes, the medications must be administered by licensed physicians and/or nurses.



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Section 330.1510 (continued)

Section 330.1520 Administration of Medication  
EMERGENCY

- b)
  - 1) No facility shall stock drugs. (6)
  - 2) No facility shall operate a pharmacy. (6)
- c) All medications on individual prescription or from the physician's personal supply shall be properly labeled as set forth in Section 330.1530(f). (A, B)
- 1) All other medications shall be authorized by a physician for individual resident use, and shall be clearly identified with the resident's name. (A, B, 6)
- 2) Attending physicians shall review the medication regimen of each resident at least every six (6) months. Documentation of this review shall be entered in the resident's record. (B, 6)
- d)
  - 1) All medications used by residents shall be properly recorded by facility staff at time of use. (See Section 330.1710(g).) (6)
  - 2) A medication record need not be kept for those residents for whom the attending physician has given permission to keep their medication in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times themselves.
- e) Bottled oxygen may not be administered in a facility, except in an emergency. Not more than one 12-pound portable size tank of oxygen for such an emergency use shall be kept in the facility. However, the use of an oxygen concentrator is permitted when prescribed by a physician for a resident. The facility must be in compliance with directions for use of such equipment as established by the manufacturer. (A, B, 6)
- f) All discontinued legend or controlled drugs, all medications having an expiration date that has passed, and all medications of residents who have expired, shall be disposed of in accordance with the rules and regulations of the Federal Drug Enforcement Administration by the prescribing physician or the consultant pharmacist. A notation of their disposition shall be made in the resident's record. (B, 6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

- a) All medications taken by residents in this type of facility must be self-administered, unless administered by a nurse or physician properly licensed to practice in Illinois. Facility staff shall NOT administer medication to residents unless the staff person is a properly licensed nurse or physician. (B, 6)
- b) No person shall be admitted to this type of facility who is not capable of taking his/her own medications and/or biologicals (such as serums, vaccines, antigens and antitoxins), as approved in writing by the resident's personal physician. Facility staff, as they exercise program oversight, may remind a resident when to take medications and watch to ensure that he/she follows the directions on the container. (B, 6)
- c)
  - 1) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.
  - 2) Facility staff may also assist physically impaired residents, such as those who have arthritis, cerebral palsy, Parkinson's disease, etc., in the removal of the medication from the container and in assisting the resident in consuming or applying the medication when requested to do so by the resident. (For example, a staff member may place a dose of medicine in a container and place the container to the mouth of a resident who would not be able to do so himself without spilling it.) (B, 6)

1 Attorney General's Opinion File No. 5-1033, dated January 9, 1976, concluded that the administration of medication to residents of licensed long-term care facilities is a nursing procedure, as defined in the Illinois Nursing Act (Ill. Rev. Stat. 1973, ch. 91, pars. 35.32 et seq.), and, as such, cannot be performed by persons who are not licensed as either Registered Professional Nurses or Licensed Practical Nurses. The opinion concluded by stating that "nursing aides, orderlies, attendants, and other auxiliary workers who are employed in nursing homes are not permitted to administer medications to patients in nursing homes."

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.1530 Labeling and Storage of Medications  
EMERGENCY

- a) All medications shall be stored in a locked area at all times. Areas shall be well lighted and of sufficient size to permit storage without crowding. This area may be a drawer, cabinet, closet, or room. In those facilities where a licensed nurse dispenses medication to residents, medications may be stored in a locked mobile medication cart, which is made immobile when not in use by the nurse to dispense medication. (B<sub>5</sub>-6)
- b) The key to the medicine area shall be the responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents. (B<sub>5</sub>-6)
  - 1) The medicine area shall not be used for any other purpose. It shall not be located in residents' rooms, bathrooms, or the kitchen. However, for those persons whom the attending physician has given written permission to handle their own medication, medications may be stored in a locked drawer or cabinet in the resident's room along with other possessions of that resident. (B<sub>5</sub>-6)
  - 2) Residents for whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key, or combination of the lock, to their own medication storage area. A duplicate key, or a copy of the combination, shall be kept by the facility in its safe, or some other secure place, for emergency use, such as if the resident should lose or misplace his/her key, or forget the combination. Medications for such residents may also be stored within a lockable resident's room which is locked when the resident is not in the room. (B<sub>5</sub>-6)
- c) Medications for external use shall be kept in a separate location in the medicine area or in a separate locked area. (B<sub>5</sub>-6)
- d) All poisonous substances and other hazardous compounds shall be kept in a separate locked area away from medications. (B<sub>5</sub>-6)
- e) Biologicals or medications requiring refrigeration shall be kept in a separate, securely fastened locked container in a refrigerator, or in a locked refrigerator. (B<sub>5</sub>-6)
- f) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name, physician's name, prescription number, name and strength of drug,

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## Section 330.1530(f) (continued)

- amount of drug, date of issue, expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a physician from his own supply, the label shall clearly indicate all the preceding information except that pertaining to the identification of the pharmacy, pharmacist, and prescription number. (B<sub>5</sub>-6)
- g) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for relabeling or disposal. Medications in containers having no labels shall be destroyed in accordance with Federal and State laws. (B<sub>5</sub>-6)
  - h) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers. (B<sub>5</sub>-6)
- (Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.1710 Resident Record Requirements  
EMERGENCY

- a) Each facility shall have a medical record system that facilitates the retrieval of information regarding individual residents as demonstrated by the facility. (6)
- b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. (6)
- c) Record entries shall meet the following requirements:
  - 1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. (6)
  - 2) Each record entry shall be written in ink or typed, shall be signed, dated, and shall include the profession or title of the person making the entry. (6)
- d) All physician's orders and plans of treatment shall have the original



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## Section 330.1710(d) (continued)

written signature of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable. (6)

- e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. (B; 6)

- 1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. (B; 6)

- 2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services shall be included in the resident's progress record when the recommendations pertain to an individual resident. (6)

- f) A medication administration record shall be maintained which contains the date and time each medication is taken, name of drug, dosage, and by whom recorded. A medication administration record is not required for residents who have been approved by their physician to be fully responsible for their own medications under Section 330.1510(d)(2). (6)

- g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures which shall be recorded include, but are not limited to, the prevention of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, blood pressure monitoring, and fluid intake and output. (6)

- h) The facility shall have the option of using universal progress notes in the medical records.

- i) Each facility shall have a policy regarding the retirement and destruction of medical records. This policy shall specify the time frame for retiring a resident's medical record, and the method to be used for record destruction at the end of the record retention period. The facility's record retirement policy shall not conflict with the record retention requirements contained in Section 330.1740 of this Part. (6)

- j) Discharge information shall be completed within forty-eight hours after the resident leaves the facility. The resident care staff

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## Section 330.1710(j) (continued)

shall record the date, time, condition of the resident, to whom released, and the resident's planned destination (home, another facility, undertaker). This information may be entered onto the admission record form. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.1720 Content of Medical Records  
EMERGENCY

- a) No later than the time of admission, the facility shall enter the following information onto the identification sheet or admission sheet for each resident:

- 1) Name, sex, date of birth and Social Security Number,
- 2) Marital Status, and the name of spouse if there is one,
- 3) Whether the resident has been previously admitted to the facility,
- 4) Date of current admission to the facility,
- 5) State or country of birth,
- 6) Home address,
- 7) Religious affiliation (if any),
- 8) Name, address and telephone number of any referral agency, state hospital, zone center or hospital from which the resident has been transferred (if applicable),
- 9) Name and telephone number of the resident's personal physician,
- 10) Name and telephone number of the resident's next of kin or responsible relative,
- 11) Race and origin,
- 12) Most recent occupation,
- 13) Whether the resident or his/her spouse is a veteran,



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## Section 330.1720(a) (continued)

- 14) Father's name and mother's maiden name,
  - 15) Name, address and telephone number of the resident's dentist, and
  - 16) The diagnosis applicable at the time of admission.
- b) At the time of admission, the facility shall obtain a history of prescription and non-prescription medications taken by the resident during the thirty days prior to admission to the facility (if available).
- c) In addition to the information that is specified above, each resident's medical record shall contain the following:
- 1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and restoration potential. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma. (6)
  - 2) A physician's order sheet that includes orders for all treatments, diet, activities and special procedures or orders required for the safety and well-being of the resident. The physician's order sheet shall also include a record of the medications prescribed for the resident by the physician, and a statement that the resident is capable of self-administering these medications. (6)
  - 3) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.
    - A) Consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident. (6)
    - B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact. (6)

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## Section 330.1720(c) (continued)

- 4) Documentation of visits to the resident by a physician and to the physician's office by the resident. (6) The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.
- 5) The results of the physical examination conducted pursuant to Section 330.1110(d) of this Part. (6)
- 6) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while in the hospital.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.1730 Records Pertaining to Residents' Property  
EMERGENCY

- a) The facility shall maintain a record of any resident's belongings, including money, valuables and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. (6)
  - b) When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the date, amount, and items purchased. (6)
  - c) A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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## Section 330.1740 Retention and Transfer of Resident Records

EMERGENCY

- a) Records of discharged residents shall be placed in an inactive file and retained as follows:
  - 1) Records for any resident who is discharged prior to being eighteen (18) years old shall be retained at least until the resident reaches the age of twenty-three (23). {6}
  - 2) Records of residents who are over eighteen (18) years old at the time of discharge shall be retained for a minimum of five (5) years. {6}
- b) After the death of a resident, the resident's record shall be retained for a minimum of five (5) years. {6}
- c) It is suggested that the administrator check with legal counsel regarding the advisability of retaining resident records for a longer period of time, and the procedures to be followed in the event the facility ceases operation.
- d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. (B, 6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.1760 Retention of Facility Records

EMERGENCY

The facility shall retain the records referenced in this Section for a minimum of three years. {6} It is suggested that the administrator check with legal counsel regarding the advisability of retaining records for a longer period of time, and the procedures to be followed in the event the facility ceases operation. The records for which this requirement applies are as follows:

- a) The annual financial statement described in Section 330.210 of this Part.
- b) The minutes of resident advisory council meetings required by Section

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## Section 330.1760(b) (continued)

## 330.740(j) of this Part.

- c) The records of in-service training required by Section 330.760(b)(2) of this Part.
- d) Copies of reports of serious incidents or accidents involving residents required by Section 330.780 of this Part.
- e) The reports of findings and recommendations from consultants required in Section 330.1770(a) of this Part.
- g) Copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation as required by Section 330.1770(d) of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.1770 Other Facility Record Requirements  
EMERGENCY

- a) The facility shall maintain a file of reports of findings and recommendations from consultants. Each report shall be dated and indicate each specific date and time the consultant was in the facility. {6}
- b) The facility shall complete the Illinois Department of Public Health Annual Long Term Care (LTC) Facility Survey. {6}
- c) The facility shall maintain a permanent chronological resident registry showing date of admission, name of resident and date of discharge or death. {6}
- d) The facility shall make available to the Department upon request copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation. {6}
- e) Rules located in other Sections of this Part that pertain to the content and maintenance of facility records are as follows:

- 1) The facility shall file an annual financial statement as described in Section 330.210 of this Part.
- 2) Records and daily time schedules shall be kept on each employee



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## Section 330.1770(e)(2) (continued)

as set forth in Section 330.760(a) and (b) of this Part.

- 3) Menu and food purchase records shall be maintained as set forth in Section 330.1980(d) and (f) of this Part.
- 5) The facility shall maintain a file of all reports of serious incidents or accidents involving residents as required by Section 330.780 of this Part.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1910 Director of Food Services

EMERGENCY

- a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of forty (40) hours each week. (B<sub>7</sub>-6)
- b) The head cook may be designated to fill this position as long as it does not interfere with the responsibilities of either position. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1920 Dietary Staff in Addition to Director of Food Services

EMERGENCY

There shall be a sufficient number of food service personnel employed and on duty to meet the dietary needs of all persons eating meals in the facility. Their working hours shall be scheduled to meet the total dietary needs of the residents. All dietary employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be available in the dietary department for employees knowledge and use. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

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## Section 330.1930 Hygiene of Dietary Staff

EMERGENCY

Food Service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1940 Diet Orders

EMERGENCY

- a) Physicians shall write a diet order, in the medical record, for residents indicating whether the resident is to have a general or a therapeutic diet and the diet shall be served as ordered. A diet order for each resident shall be sent in writing to the food service department for each new admission and for every subsequent change in diet for that resident ordered by his physician. (6)
- b) A diet order for each resident shall be sent in writing to the food service department. The diet order shall include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department (see Section 330.1960 for ordering therapeutic diets). (B)
- c) The resident shall be observed to determine acceptance of the diet and these observations shall be recorded in his record. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.1960 Therapeutic Diets

EMERGENCY

- a) The diet order (see Section 330.1940(a)) shall include, but is not limited to, the following information: name of resident, room and/or bed number, type of diet, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department. (6)
- b) Medically prescribed diets shall be recorded in the resident's medical record and served as ordered. The resident shall be observed to determine acceptance of the diet and these observations shall be

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## Section 330.1960(b) (continued)

recorded in his record. (B7-6)

- c) The kinds and variations of these prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type shall be posted in the kitchen. (6)
- d) All oral therapeutic diets, with the exception of liquid and medical soft diets, shall be reviewed at least every three months. Liquid diets shall be reviewed every forty eight (48) hours; medical soft diets shall be reviewed every three weeks. This review may be done by nursing personnel with recommendations to the attending physician. (6)
- e) If the facility accepts or retains individuals in need of medically prescribed diets, the diets shall be medically prescribed. Menus for such diets shall be planned by a dietitian or nutritionist. The facility shall provide the supervision for preparing and serving the special diets, obtaining consultation as needed from a dietitian or nutritionist. (6)

- f) The facility shall have available, and in use, two (2) or more copies of a current diet manual approved by the Department. One copy shall be located in the kitchen for use by dietary personnel; other copies shall be located in an area where resident's medical records are kept. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.1970 Scheduling of Meals  
EMERGENCY

- a) A minimum of three (3) meals or their equivalent shall be served daily at regular times with no more than a fourteen (14) hour span between a substantial evening meal and breakfast. The fourteen (14) hour span shall not apply to facilities using the "four or five meal-a-day" plan, provided the evening meal is substantial and includes, but is not limited to, a good quality protein, bread or bread substitute, a dessert and a nourishing beverage. (B7-6)
- b) Between meals and/or bedtime snacks of nourishing quality shall be offered. (B)

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## Section 330.1970 (continued)

- c) If a resident refuses food served, reasonable and nutritionally appropriate substitutes shall be served. (B7-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.1980 Menu Planning  
EMERGENCY

- a) Menus, including menus for "sack" lunches and between meal and/or bedtime snacks, shall be planned at least one (1) week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions" that is maintained in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution(s); the meal at which the substitution(s) was (were) made; the menu as originally written; and the menu as actually served. (B7-6)
- b) The menu for the current week shall be dated and posted. Upon the request of the Department, sample menus shall be submitted for evaluation. (6)
- c) Menus shall be different for the same day of consecutive weeks. (6)
- d) All menus as actually served shall be kept on file for not less than thirty (30) days. (6)
- e) Supplies of staple food for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu. (6)
- f) Records of all food purchased shall be kept on file for not less than thirty (30) days. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)



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EMERGENCY

- a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. {6}
- b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. (B<sub>7</sub>-6)
- c) All residents shall be served in a dining room or multipurpose room except for an individual with a temporary illness or for other valid reasons. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2010 Kitchen Equipment, Utensils, and Supplies  
EMERGENCY

The kitchen or dietary area shall be adequate to meet the food service needs. It shall have adequate equipment, utensils, and supplies to properly store, prepare, and serve the required number of meals in accordance with the latest edition of this Department's "Food Service Sanitation" rules (77 Ill. Adm. Code 750). This shall include, but is not limited to, the following: (B<sub>7</sub>-6)

- a) Each kitchen and floor pantry, or subkitchen, in each building shall be equipped with facilities to: maintain required food temperatures during storage, preparation and service; provide protection of cooking equipment and utensils from contamination; and prepare the planned meals. New or replacement equipment shall be of satisfactory institutional type based on generally accepted standards. {6}
- b) There shall be an adequate supply of food preparation equipment such as pots, pans, spoons, knives, mixers, etc., of the proper type to satisfactorily prepare the meals. {6}
- c) There shall be proper equipment to maintain food temperatures during service to residents. This equipment may be in the form of heated food carts, insulated food containers, or suitable equivalent. (B<sub>7</sub>-6)
- d) Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in

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## Section 330.2010(d) (continued)

the facility at each meal. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2210 Maintenance  
EMERGENCY

- a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B<sub>7</sub>-6)
  - 1) Maintain the building in good repair and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor coverings, such as tile or linoleum; loose handrails or railings; loose or broken window panes, and any other similar hazards. (B<sub>7</sub>-6)
  - 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. (A, B<sub>7</sub>-6)
  - 3) Maintain all electrical cords and appliances in a safe and functioning condition. (B<sub>7</sub>-6)
  - 4) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe. (Painting, washing, etc.). {6}
  - 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. {6}
  - 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary, and presentable condition. (B<sub>7</sub>-6)
  - 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. {6}
  - 8) The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not

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Section 330.2210(a)(8) (continued)

less than 16 mesh to the inch and repair of any breaks in construction. (B<sub>5</sub>-6)

- b) 1) Maintain all plumbing fixtures and piping in good repair and properly functioning.
- 2) Protect the potable water supply from contamination by providing and properly installing adequate, backflow protection devices or providing adequate air gaps on all fixtures that may be subject to backflow or back siphonage.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.2220 Housekeeping  
EMERGENCY

- a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: (B<sub>7</sub>-6)
  - 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B<sub>7</sub>-6)
  - 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs. (6)
  - 3) Control odors within the housekeeping staff's area of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. (6)
- b) Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment, and other items. (B<sub>7</sub>-6)
- c) Bathtubs, shower stalls, and/or lavatories shall not be used for laundering, janitorial, or storage purposes. (6)
- d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or

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Section 330.2220(d) (continued)

rooms. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.2230 Laundry Services  
EMERGENCY

- a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either thru an in-house laundry or a contract with an outside service. An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, pillow cases, etc. required to provide for the residents needs. Additional changes of linen may be required in consideration of laundering and transporting soiled linens. (6) If an in-house laundry service is provided, then the following conditions shall exist:
  - 1) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. (6)
  - 2) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens. (6)
  - 3) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. (6)
  - 4) Clean linen shall be protected from contamination during handling, transport and storage. (6)
  - 5) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel. (6)
  - 6) The laundry and its accessory storage and handling areas shall not be used as a storage area for supplies not directly connected with the operation of the laundry. (6)
- b) If an outside laundry service is used, it shall provide for



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## Section 330.2230(b) (continued)

protection of clean linens during transport back to the facility. (6)

- c) If the facility provides laundry service for residents' personal clothing, it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2410 Furnishings  
EMERGENCY

- a) 1) Each resident shall be provided with a bed which is at least thirty-six (36) inches wide, have a headboard, be of sturdy construction and in good repair. Cots, rollaways, double, or folding beds shall not be used. (6)
- 2) Double beds may be used for married couples, if they desire this arrangement, if approved in writing by the Department. Similarly, the requirement for a headboard and footboard may be waived. (6)
- b) Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress of appropriate size for the bed. (6)
- c) Each bedroom shall have window shades, or equivalent, in good repair. (6)
- d) A satisfactory reading lamp, or equivalent, shall be provided for each bed. (6)
- e) Each bed shall be provided with a minimum of one (1) clean, comfortable pillow. (6)
- f) Each bedroom shall be provided with a mirror, unless there is a mirror in a bathroom opening into this bedroom. Each lavatory shall be provided with a mirror. (6)
- g) Each living room for residents use shall be provided with an adequate number of reading lamps, tables, and chairs or settees. These

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## Section 330.2410(g) (continued)

furnishings shall be well constructed and of satisfactory design for the residents. (6)

- h) Dining room furnishings shall be provided for each resident which are well constructed, comfortable, in good repair, and of satisfactory design for the residents. There shall be a sufficient number of tables, of a type that can be used by wheelchair residents, to accommodate all such residents in the facility. (6)
- i) Office spaces, and other areas shall be satisfactorily furnished with desks, chairs, lamps, cabinets, benches, work tables, and/or other furnishings essential to the proper use of the area. (6)
- j) For each bed there shall be furnished:
  - 1) A minimum of two (2) adequately sized dresser drawers. (6)
  - 2) A comfortable chair. (6)
  - 3) An individual towel rack. (6)
  - 4) A satisfactory reading light over, or at the side of, the bed. (6)
  - 5) Adequate closet, locker, or wardrobe space for hanging clothing within the room. (6)
  - 6) A satisfactory bedside cabinet. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2420 Equipment and Supplies  
EMERGENCY

- a) The facility shall have a supply of thermometers, emesis basins, ice bags, hot water bottles or equivalent, bedpans, urinals, and sets of enema equipment sufficient to meet the needs of its residents. (B, 6)
- b) There shall be at least one (1) bedside screen available in the facility for each fifty (50) beds or major fraction thereof in multiple bedrooms to provide residents' privacy when needed. (6)

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## Section 330.2420 (continued)

- c) There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the residents. It shall include, but is not limited, to the following: (B<sub>5</sub>-6)
- 1) Sheets, four (4) per bed.
  - 2) Pillow cases, three (3) per bed.
  - 3) Bed blankets, two (2) per bed.
  - 4) Bedspreads, two (2) per bed.
  - 5) Washcloths and hand towels, as needed.
  - 6) Bath towels, three (3) per bed.
  - 7) Patient hospital gowns as needed.
  - 8) Pillows, one (1) per bed plus a 10% reserve.
- d) There shall be a first-aid kit or emergency box in every facility. This shall contain bandages, sterile gauze dressings, bandage scissors, tape, sling, burn ointment, and any other equipment deemed necessary. (B<sub>5</sub>-6)
- e) Activity program supplies shall be provided to maintain an ongoing program to meet the varied interests and needs of the residents. These shall include, but are not limited to, games, crafts supplies, current magazines, books, radio, television, and record player. A piano or organ is recommended as an important adjunct to the activity program equipment. {6}
- f) Dishes and kitchen equipment shall be provided as set forth in Section 330.2000. {6}
- g) Cleaning equipment and supplies shall be provided as set forth in Sections 330.2210 through 330.2220. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.2610 Codes  
EMERGENCY

Water supply and sewage disposal and plumbing systems shall comply with all applicable State and local codes and ordinances. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2620 Water Supply  
EMERGENCY

- a) Each facility shall be served by water from a municipal public water supply when available. (B<sub>5</sub>-6)
- b) When a municipal public water supply is not available, the water supply shall comply with rules for "Drinking Water Systems" (77 Ill. Adm. Code 900), as amended. (B<sub>5</sub>-6)
- c) 1) If water is supplied by a well that is not part of a municipal system, the well shall be constructed and maintained in accordance with the "Illinois Water Well Construction Code" (77 Ill. Adm. Code 920) and "Illinois Water Well Pump Installation Code" (77 Ill. Adm. Code 925).

- 2) Each facility shall have a written agreement with a water company, dairy, or other water purveyor to provide an emergency supply of potable water for drinking and culinary purposes.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.2630 Sewage Disposal  
EMERGENCY

- a) All sewage and liquid wastes shall be discharged into a public sewage system when available. (B<sub>5</sub>-6)
- b) When a public sewage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a private sewage disposal system. The design, construction, maintenance, and operation of the system shall comply with the "Private Sewage



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## Section 330.2630(b) (continued)

Disposal Code" (77 Ill. Adm. Code 905), as amended. (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2640 Plumbing  
EMERGENCY

Each plumbing system shall comply with the Illinois Plumbing Code (77 Ill. Adm. Code 890) and the rules promulgated thereunder effective at the time of construction and/or approved acceptance by the Department. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.2840 New Constructions, Additions, Conversions, and Alterations  
EMERGENCY

a) When construction is contemplated for new buildings, additions, conversions, or alterations to existing buildings, coming within the scope of these standards, preliminary drawings and outline specifications shall be submitted to the Department for review and approval prior to starting final working drawings and specifications. Such approval will be based upon compliance with Section 330.2850 of this Subpart. (6)

b) A review of preliminary drawings and outline specifications will be made only after the pre-application information forms have been submitted to the Department. (See Section 330.120(a).)

c) The final working drawings and specifications for all trades shall be submitted to the Department for review and approval prior to releasing them to bidders. Such approval will be based upon compliance with Section 330.2850 of this Subpart.

d) The Department shall be notified of the award of contracts. (6)

e) Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. (B5-6)

f) The Department shall be notified when construction has been completed and prior to any area of the building being occupied by residents. (B5-6)

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## Section 330.2840 (continued)

g) Minor alterations or remodeling changes which do not affect the structural integrity of the building, change functional operation, affect fire safety, add facilities over those for which the facility is licensed and classified, need not be submitted for approval. (6)

h) No system of water supply, sewerage, plumbing, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been submitted to the Department, reviewed and approved. (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2850 Preparation and Submission of Drawings and Specifications  
EMERGENCY

a) The preparation and submission of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois, unless this requirement is waived by the Department. (6)

b) All drawings and specifications shall identify clearly the facility as to its name, proposed level of services and location. (6)

c) All drawings and specifications shall contain the architect's name and address. The first sheet of the drawings and the cover of the specifications shall have his Illinois registration seal and the date. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.2860 First Stage Drawings  
EMERGENCY

a) Development of the preliminary sketch plans shall indicate in detail the assignment of all spaces, including size of areas and rooms, and shall outline the fixed and movable equipment and furniture. (6)

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## Section 330.2860 (continued)

- b) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design. {6}
- c) The total floor area shall be computed and shown on the drawings. {6}
- d) The drawings shall include:
  - 1) A plan of each floor including the basement or ground floor.
  - 2) Roof plan. {6}
  - 3) Elevations of all facades. {6}
  - 4) A plot plan showing roads, parking areas, sidewalks, existing structures, location of easements, setbacks, utilities, manholes and inverts. {6}
  - 5) Sections through the building. {6}
  - 6) Existing work must be completely shown on submission for additions, conversions or alterations. {6}
- e) Outline specifications shall provide a general description of the construction including interior finishes; acoustical material; its extent and type; extent of the floor covering, air conditioning, heating and ventilating systems, and their controls, general description of the electrical service; and the type of elevators. {6}
- f) The following information shall be submitted on or with the preliminary drawings and outline specifications:
  - 1) Name of proposed facility. {6}
  - 2) Address of proposed facility. {6}
  - 3) Name of owner. {6}
  - 4) Level(s) of care to be provided. {6}
  - 5) Number of residents by floor, and total number. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH  
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EMERGENCY

All working drawings shall be well prepared so that clean and distinct prints may be obtained, accurately dimensioned, and include all necessary explanatory notes, schedules, and legends. Working drawings shall be complete and adequate for contract and construction purposes. Separate drawings shall be prepared for each of the following sections of work: Architectural, Structural, Mechanical, and Electrical. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.2880 Architectural Drawings  
EMERGENCY

The architectural drawings shall include:

- a) Site plan showing all new topography, newly established levels and grades; existing structures on the site (if any); new buildings and structures; roadways; walks; and the extent of the areas to be seeded. All structures and improvements which are to be removed under the construction contract shall be shown. {6}
- b) Plan of each floor and roof. {6}
- c) Elevations of each facade. {6}
- d) Sections through building. {6}
- e) Required scale and full size details. {6}
- f) Elevator and dumbwaiter details and dimensions, size of car platform, travel, pit and machine room. {6}
- g) Kitchen, laundry and clean and soiled utility room shall show location, size and required connections of all fixed and movable equipment.
- h) Schedule of doors and finishes.
- i) Location of all fixed equipment and major items of movable equipment. Equipment not in contract shall be so indicated.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)



Section 330.2890 Structural Drawings  
EMERGENCY

- a) The structural Drawings shall include:
- 1) Plans of foundations, floors, roofs, and all intermediate levels shall show a complete design with sizes, sections, and the relative location of the various members. Schedule of beams, girders, and columns. {6}
  - 2) Floor levels, column centers, and offsets shall be dimensioned. {6}
  - 3) Special openings and pipe sleeves shall be dimensioned or otherwise noted for easy reference. {6}
  - 4) Details of all special connections, assemblies, and expansion joints shall be given. {6}
  - 5) Notes on design data shall include the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing pressures. {6}
- b) For special structures, a stress sheet shall be incorporated in the drawings showing:
- 1) Outline of structure. {6}
  - 2) All load assumptions used. {6}
  - 3) Stresses and bending moments separately for each kind of loading. {6}
  - 4) Maximum stresses and/or bending moment for which each member is designed.
  - 5) Horizontal and vertical reactions at column bases.

(Source: Emergency amendment at 12 Ill. Reg. 8939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3000 Mechanical Drawings  
EMERGENCY

Mechanical drawings shall include:

Section 330.3000 (continued)

- a) These drawings with specifications shall show the complete heating, steam piping, ventilation and air conditioning systems; plumbing, drainage and stand pipe systems; laundry and kitchen ventilation.
- b) Heating, steam piping, air conditioning and ventilation including:
- 1) Radiators and steam heated equipment, such as sterilizers, warmers, and steam tables.
  - 2) Heating and steam mains and branches with pipe sizes.
  - 3) Diagram of heating and steam risers with pipe sizes.
  - 4) Sizes, types and heating surfaces of boilers; furnace with stokers and oil burners, if any.
  - 5) Pumps, tanks, boiler breeching, piping and boiler room accessories.
  - 6) Air conditioning systems with required equipment, water and refrigerant piping and ducts. {6}
  - 7) Supply and exhaust ventilating systems with necessary duct work and piping.
  - 8) Air quantities for all room supply and exhaust ventilating duct openings. {6}
- c) Plumbing, drainage, and stand pipe systems including:
- 1) Size and elevation of street sewer, house sewer, house drains, street water main, and water service into the building.
  - 2) Location and size of soil, waste, and vent stacks with connections to house drains, clean outs, fixtures, and equipment.
  - 3) Size and location of hot, cold, and circulating mains, branches, and risers from the service entrance and tanks.
  - 4) Riser diagram to show all plumbing stacks with vents, water risers, and fixture connections.
  - 5) Gas, oxygen, and special connections.
  - 6) Stand pipe and sprinkler systems.

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## Section 330.3000(c) (continued)

- 7) Plumbing fixtures and fixtures which require water and drain connections.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3010 Electrical Drawings  
EMERGENCY

Electrical drawings shall include:

- a) All electrically operated systems and equipment. {6}
  - b) Electrical service entrance with service switches, service feeders to the public service feeders, and characteristics of the light and power current. Transformers and their connections shall be shown. {6}
  - c) Plan and diagram showing main switchboard, power panels, light panels, and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches. {6}
  - d) Light outlets, receptacles, switches, power outlets, and circuits. {6}
  - e) Telephone layout showing service entrance, switchboard, strip boxes, outlets, and branch conduit as approved by the telephone company. Provide separate room and conduits for racks and automatic switching equipment as required by the telephone company. {6}
  - f) Fire alarm system with stations, signal systems, detectors, control board, and wiring diagrams. {6}
  - g) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3020 Additions to Existing Structures  
EMERGENCY

Procedures and requirements for working drawings and specifications shall be

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## Section 330.3020 (continued)

followed as set forth in Sections 330.2880 through 330.3030; and in addition, the following information shall be submitted:

- a) Type of activities within the existing building and distribution of existing beds, etc. {6}
- b) Type of construction of existing building and number of stories. {6}
- c) Plans and details showing attachment of new construction to the existing structure and mechanical systems. {6}
- d) Exits including details and distances when related to the addition.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3030 Specifications  
EMERGENCY

Specifications shall supplement the drawings to fully describe, except where fully indicated and described on the drawings, the materials, workmanship, the kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles, and devices and shall include: {6}

- a) Cover or title sheet.
- b) Index.
- c) Instructions to bidders.
- d) Bid form.
- e) Form of agreement.
- f) General conditions.
- g) Special conditions.
- h) Performance and payment bond forms.
- i) Sections describing materials and workmanship in detail for each

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## Section 330.3030(1) (continued)

class of work.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3040 Building Codes  
EMERGENCY

a) The design and construction of the facility shall meet the minimum requirements of the latest revised edition and amendments of the following Codes and Regulations except as modified within these Standards: (A, B<sub>5-6</sub>)

- 1) National Fire Protection Association's National Fire Codes, including but not limited to:
    - A) The Life Safety Code. (A, B<sub>5-6</sub>)
    - B) The National Electric Code. (A, B<sub>5-6</sub>)
  - 2) The Illinois Plumbing Code (77 Ill. Adm. Code 890), Department of Public Health. (A, B<sub>5-6</sub>)
  - 3) Fire Prevention and Safety (41 Ill. Adm. Code 100), Office of the State Fire Marshal. (A, B<sub>5-6</sub>)
  - 4) Accessibility Standards Illustrated (71 Ill. Adm. Code 400), Capital Development Board. (A, B<sub>5-6</sub>)
  - 5) Food Service Sanitation (77 Ill. Adm. Code 750), Department of Public Health, 160 North LaSalle Street, Chicago, Illinois 60601. (A, B<sub>5-6</sub>)
- b) In addition to the Codes and Regulations above, the design and construction of the facility shall meet the minimum requirements of all applicable local building codes and ordinances. (A, B<sub>5-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.3050 Site  
EMERGENCY

Every building shall:

- a) Be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious and hazardous smoke and fumes; not in a deteriorated, unpleasant, or potentially hazardous urban area; and not near uncontrolled sources of insect and rodent breeding. ~~(C)~~
- b) Be located so that the building or buildings can comply with any applicable local zoning ordinances, building restrictions and/or fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, and/or safety of the residents in the facility. ~~(C)~~
- c) Comply with all applicable zoning ordinances.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3060 Building General  
EMERGENCY

Every building shall:

- a) Be structurally sound, in good repair, and attractive inside and outside. ~~(B<sub>5-6</sub>)~~
- b) Have a minimum of one (1) adequately sized elevator in all buildings of two (2) or more stories in height. Additional elevators as determined by the Department shall be provided based upon the population and condition of the residents. The basement shall be considered as one (1) story if it is used by residents. ~~(B<sub>5-6</sub>)~~
- c) Have stairways with a minimum head room of seven (7) feet, a minimum width of three (3) feet eight (8) inches on required exit stairs, when serving resident areas, and three (3) feet for all others. If handrails project more than three (3) and one-half (1/2) inches, the width shall be measured between the handrails. Have treads of not less than eleven (11) inches, and risers of not more than seven (7) and one-half (1/2) inches. Stairways with triangular or winding treads or single risers are not acceptable. ~~(B<sub>5-6</sub>)~~



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Section 330.3060 (continued)

- d) Have sturdy handrails on both sides of each stairway whether inside or outside of the building. Handrails shall be one (1) and one-half (1/2) inches in diameter at least and one (1) and one-half (1/2) inches clear of the wall. (B<sub>7</sub>-6)
- e) Have a ceiling height of eight (8) feet or more throughout all rooms occupied or used by the residents. (B<sub>7</sub>-6)
- f) Have main entrance and exit doors swinging outward with a minimum clear width of three (3) feet, eight (8) inches. Provide panic hardware and door closers. (B<sub>7</sub>-6)
- g) Have each exterior door equipped with a signal that will alert personnel in the area if a resident leaves the building. An exterior door that is supervised during certain periods during the day or night may have a disconnect device for part time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (B<sub>7</sub>-6)
- h) Have all doors and windows fit snugly and weathertight, yet will open and close easily. (6)
- i) Have all outside doors, other than at required exits, and nonstationary windows equipped with tight fitting full length sixteen (16) mesh screens. Screen doors shall be equipped with self-closing devices. (6)
- j) Have all floors free from cracks and finished so that they can be easily, properly, and efficiently cleaned. Floors in bath rooms, kitchens, and utility rooms shall be covered wall to wall with inlaid linoleum, terrazzo, ceramic tile, or an equivalent material. (B<sub>7</sub>-6)
- k) Have all walls and ceilings of sound construction and covered with plaster or an equivalent, free from cracks, holes, or heavily textured surfaces. (6)
- l) Be constructed and maintained so as to prevent the entrance and harborage of rats, mice, flies, and other insects. (6)
- m) Be provided with sufficient and satisfactory artificial lighting wherever required throughout the building and grounds. (6)
- n) All doorways used by residents shall be flush with the floor. (6)

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Section 330.3060 (continued)

- o) Be served by reliable telephone service. (B<sub>7</sub>-6)
  - p) Provide a medicine cabinet and sink with hot and cold running water. (See Section 330.1530(a).) (6)
  - q) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3070 Administration  
EMERGENCY

Every building shall:

- a) Provide sufficient administrative office space for clerical, financial, and managerial functions. (6)
  - b) Provide satisfactory space which can be used for privacy in interviewing applicants, for discussion with relatives, etc. (6)
  - c) Provide satisfactory space or an office for the administrator. (6)
- (Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3080 Corridors  
EMERGENCY

Every building shall meet the following requirements:

- a) All corridors used by residents shall have a minimum unobstructed width of six (6) feet and lighted properly at night and all other times when necessary. If handrails project more than three (3) and one-half (1/2) inches, the width shall be measured between handrails. (B<sub>7</sub>-6)
- b) Corridors used by residents shall be enclosed and have a minimum ceiling height of seven (7) feet eight (8) inches. (B<sub>7</sub>-6)

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## Section 330.3080 (continued)

- c) Corridors and passages used by residents shall have sturdy handrails one (1) and one-half (1/2) inches in diameter and be at least one (1) and one-half (1/2) inches clear of the wall. (B<sub>7</sub>-6)
- d) Enclosed corridors shall be properly heated. {6}
- e) Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors. {6}
- f) For exit corridors, see Section 330.3380.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3090 Bath and Toilet Rooms  
EMERGENCY

Every building shall meet the following requirements:

- a) Provide a minimum of one (1) water closet, one (1) lavatory, and one (1) bathtub or shower for each sex on each floor occupied by residents. {6}
- b) Provide fixtures in the following minimum numbers. The maximum capacity of resident beds on each floor shall be used in determining the number of fixtures required, irrespective of the fact that some of the beds may not be occupied. {6}
- c) One (1) lavatory and one (1) water closet for each ten (10) resident beds on each floor. {6}
- d) One (1) bathtub or shower for each fifteen (15) resident beds on each floor. {6}
- e) All bath and toilet rooms shall be easily accessible, conveniently located, and well lighted. They shall be ventilated to the outside atmosphere by an exhaust fan with six (6) air changes an hour. Group bath and toilet facilities shall be partitioned for complete privacy. {6}
- f) Resident toilet rooms shall open directly to corridors or into resident bedrooms. When the toilet rooms open into resident

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## Section 330.3090(f) (continued)

- bedrooms, the door must swing into the resident's bedroom. All doors in the toilet rooms used by residents shall have a minimum door width of three (3) feet. (B<sub>7</sub>-6)
- g) Bathroom fixtures shall be of substantial construction and designed so that they may be easily and properly cleaned. All bathtubs, showers, and water closets shall be provided with satisfactory and properly placed handgrips and/or grab bars. {6}
- h) Each bath and toilet room shall be well lighted, have a light switch just inside the door, be provided with a well-lighted mirror for each lavatory. {6}
- i) Provide at least one (1) bathroom or enclosure of not less than eight (8) feet six (6) inches by eight (8) feet six (6) inches with an acceptable system for bathing persons with physical disabilities. If a shower is installed in lieu of a bathtub, such shower shall have a minimum dimension of four (4) feet wide by three (3) feet six (6) inches deep. These showers shall have a water inlet approximately four and one-half (4 1/2) feet above the floor to which is connected a flexible hose with spray or shower head attached to the end of the hose. If desired, a conventional shower head installation may also be provided but it must be valved off from the lower water inlet. {6}
- 1) All other showers shall have a minimum dimension of three (3) feet by three (3) feet and need not have a water inlet as specified above. {6}
- 2) Shower stalls shall have a low or no curb at the entrance opening. {6}
- j) If toilets provided adjacent to residents' bedrooms are not large enough to permit use by wheelchair residents, at least one (1) toilet room or enclosure in the facility five (5) feet by six (6) feet shall be provided. Provide a lavatory usable by wheelchair residents for this toilet. {6}
- k) No toilet or bathroom doors shall be hardware to allow a resident to become locked in the room. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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## Section 330.3100 Living, Dining, and Activity Room(s)

EMERGENCY

Every building shall have living, dining, and activity rooms which meet the following requirements:

- a) Provide at least one (1) comfortably furnished living room and dining room for use of residents. In multiple story buildings, living rooms will be provided on each floor. The activity room may be combined with the living and/or dining room. Under no circumstances shall this room or rooms be used as a bedroom. {6}
- b) The room(s) shall have a combined area of not less than twenty-five (25) square feet per resident bed. {6}
- c) The dining room or area shall have at least ten (10) square feet per resident bed. {6}
- d) Room(s) shall be well lighted and ventilated and easily accessible to all residents. {6}
- e) Be an outside room. Additional interior rooms may be used for television, craft, or similar activities. {6}
- f) Be so located that the room is not an entrance vestibule from the out-of-doors, nor an obstruction to traffic in and out of the facility. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3110 Bedrooms

EMERGENCY

Every building shall meet the following requirements:

- a) Resident bedrooms in all facilities shall be a minimum of ten (10) feet between walls or a wall and any built-in furniture or storage space. Each such bedroom shall have an entrance directly off a corridor with an entrance door not less than three (3) feet wide that swings into the room. {6}
- b) Each single bedroom used for a resident shall have at least one hundred (100) square feet of usable net floor area, not including any space taken up for closets, wardrobes, bathrooms, and clearly definable entryway areas. {6}

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## Section 330.3110 (continued)

- c) Each multiple bedroom used for residents shall have at least eighty (80) square feet of usable floor area for each resident, not including any space taken for closets, wardrobes, bathrooms, and clearly definable entryway areas. Beds shall be at least three (3) feet apart, and no more than three (3) deep from an outside wall. {6}
- d) Maximum capacity of a bedroom shall be four (4) residents. {6}
- e) Each bedroom shall be at or above grade level. {6}
- f) Each room used as a resident bedroom shall have at least one (1) outside window, and a total window area to the outside equal to at least one-tenth (1/10) the floor area of the room. Windows shall open and close easily. {6}
- g) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least three (3) duplex electric convenience outlets. Electric cords shall not be strung from a ceiling fixture. There shall be an electric switch near the door to control at least one (1) light in the room. {6}
- h) Provide a closet or wardrobe of at least two (2) feet square for each resident. {6}
- i) Bedroom doors shall have no hardware that will allow the resident to lock himself in the room. The door may be keyed on the corridor side to prevent others from entering the room. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3120 Special Care Room

EMERGENCY

Every building shall meet the following requirements:

- a) Provide for each fifty (50) beds or less, a single bedroom to isolate a resident who becomes ill enough to require special care. It shall be located for proper and efficient supervision of the resident. (85-0)
- b) Provide this room with a toilet, lavatory, and all other necessary facilities to meet the resident's needs. {6}



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## Section 330.3120 (continued)

- c) This room shall have at least one hundred (100) square feet of usable floor area, not including any space taken up by closets and wardrobes. It shall be a minimum of ten (10) feet from wall to wall or a wall and any built-in furniture or storage space. {6}
- d) The room may be included in the authorized maximum bed capacity for the facility. It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3130 Kitchen

## EMERGENCY

Every building shall meet the following requirements:

- a) The kitchen shall have an area of at least two hundred (200) square feet. {6}
- b) Provide a kitchen properly located for efficient food service, and large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. The kitchen area, not including food storage area, shall be approximately ten (10) square feet for each resident bed whether the beds are in the same building or not. The approximate ten (10) square feet per resident bed may be reduced for facilities with forty (40) or more beds. Any deviation must receive prior approval from the Department. (B<sub>5</sub>-6)
- c) Provide a kitchen with institutional type equipment for convenience in operation, for healthful working conditions, for good sanitation, and for control of heat, noise, and odors. (B<sub>5</sub>-6)
- d) Equipment shall be in compliance with the adopted Standards, Basic or Special Criteria of the National Sanitation Foundation Testing Laboratory, or equivalent. (B<sub>5</sub>-6)
- e) Provide appropriate equipment for the preparation and serving of meals, for the refrigeration of perishable foods, and for washing and sanitizing dishes and utensils. (B<sub>5</sub>-6)

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## Section 330.3130 (continued)

- f) The kitchen shall be provided with at least one (1) handwashing facility separate from food preparation and pan-washing equipment and include hot and cold water, soap, and individual towels. {6}
- g) Finish the walls and ceilings of all food handling rooms with washable, light colored surfaces. {6}
- h) Effectively screen all openings to the outer air during insect season. Screen doors to the outside shall open outward and be equipped with self-closing devices or an approved alternate method. {6}
- i) Provide an adequate supply of hot and cold running water under pressure to rooms in which food is prepared or dishes washed. {6}
- k) Provide satisfactory facilities for washing and sanitizing dishes and cooking utensils. The kitchen shall be equipped with a three (3) compartment sink for washing pots and pans. One (1) compartment shall contain no less than fourteen (14) inches depth of 170 degree water. In addition to the sink, a commercial type dishwasher is recommended. (B<sub>5</sub>-6)
- l) The kitchen shall be so located that it will not be used as a passageway by residents nor nonfood handling staff. {6}
- m) The dishwashing area should be so located that soiled dishes will not pass through the food preparation area. Provide ventilation that will produce negative pressure. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3140 Laundry

## EMERGENCY

Every building shall:

- a) Provide a laundry room with commercial type equipment designed to meet the needs of the facility unless a commercial laundry service is used. {6}
- b) Provide satisfactory storage and separate counting rooms for soiled and clean linens. {6}

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Section 330.3140 (continued)

- c) Have the laundry room, storage and counting rooms located in areas not used by residents nor for food storage, preparation or serving, and so that soiled linens are not carried through a food handling area to reach them. {6}
  - d) Provide proper mechanical ventilation. {6}
  - e) If a washer and dryer are provided for personal use by residents, they shall be located in an area separate from the laundry. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3150 Housekeeping, Service, and Storage  
EMERGENCY

Every building shall:

- a) On each floor, provide janitor closets with sink or floor receptor and space for cleaning supplies, linen closets, and general storerooms. {6}
- b) Provide sufficient storage space for the personal possessions of residents, staff, and activity materials. {6}
- c) Provide sufficient storage for bulk and refrigerated food. (B<sub>5</sub>-6)
- d) Provide sufficient storage for wheelchairs, walkers, and similar equipment temporarily not being used. {6}
- e) Have a medicine storage cabinet or room conveniently located and capable of being locked. (B<sub>5</sub>-6)
- f) Have no storage space that constitutes a fire or accident hazard. (A, B<sub>5</sub>-6)
- g) Provide a total area of approximately ten (10) square feet per resident for the storage areas designated in this Section. This does not include closets or wardrobes in resident's rooms. About one-fourth (1/4) of the total area shall be for bulk and daily food storage located in a room convenient to the kitchen. {6}

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Section 330.3150 (continued)

- h) Provide separate clean and soiled linen rooms. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3160 Plumbing  
EMERGENCY

- a) Every building shall meet the following plumbing requirements:
  - 1) Comply with the latest revision of the Illinois Plumbing Code (77 Ill. Adm. Code 890). (A, B<sub>5</sub>-6)
  - 2) All plumbing shall be of adequate size and so installed that fixtures receive water under good pressure and are satisfactorily drained. {6}
  - 3) All plumbing fixtures having connections to the building water supply shall be connected or equipped so as to prevent any back flow of contaminated material to the water supply piping. (A, B<sub>5</sub>-6)
  - 4) Individual sewer connections shall be such that backflow cannot occur from the building sewer to the fixture. (A, B)
  - 5) No physical connection shall be permitted between a safe and an unsafe water supply. (A, B)
- b) The following standards shall be used as a guide to determine satisfactory compliance of individual fixtures:
  - 1) Lavatory faucets shall discharge at least one (1) inch above the top rim of the lavatory bowl. (B<sub>5</sub>-6)
  - 2) Bathtub, sink, laundry, tub, etc. faucets shall discharge at least two (2) inches above the top rim of the sink. (B<sub>5</sub>-6)
  - 3) Flush tank type toilets shall be equipped with approved antishock ballcocks, so installed that the effective air openings of the vacuum breaker is at least one (1) inch above the top of the overflow tube in the toilet flush tank. (B<sub>5</sub>-6)
  - 4) Flushometer type toilets shall be equipped with approved vacuum breakers, installed on the discharge side of the flush valve,

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## Section 330.3160(b)(4) (continued)

and at least four (4) inches above the top of the toilet bowl.  
(B<sub>7</sub>-6)

- 5) Dishwashing machines, laundry machines, urinals, drinking fountains, etc., shall be so installed as to provide backflow protection. (B<sub>7</sub>-6)
- 6) All fixtures having, or capable of receiving, a hose shall have a vacuum breaker located at least six (6) inches above the highest head that normally may be placed on the unit. The height of the antishiphon unit should be sufficient to prevent any pressure on the unit, other than atmospheric pressure, when the control valve is closed. (B<sub>7</sub>-6)
- 7) Potable water shall be protected from cross connections to sewage piping systems, boilers, and other sources of contaminated water. (B<sub>7</sub>-6)
- 8) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B<sub>7</sub>-6)
- 9) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>7</sub>-6)
- 10) A thermostatically controlled mixing valve shall be provided on each hot water system serving resident areas to insure that the water temperature does not exceed 110 degrees F. (A, B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.3170 Heating

EMERGENCY

Every building shall meet the following heating requirements:

- a) Be equipped with a central heating plant, or equivalent system, approved by the Department. {6}
- b) The heating system must be capable of maintaining a temperature of 80 degrees Fahrenheit throughout the residents' section of the building during weather conditions when the temperature falls to 20 degrees

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## Section 330.3170(b) (continued)

Fahrenheit. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.3180 Electrical

EMERGENCY

- a) All electric wiring and equipment shall comply with the latest revisions of the National Electric Code. (A, B<sub>7</sub>-6)
- b) Provide sufficient and satisfactory artificial lighting and power to meet all the requirements and demands of the building. {6}
- c)
  - 1) An emergency electrical service, which may be battery operated if effective for four (4) or more hours, shall provide service as follows: (B<sub>7</sub>-6)
    - A) Illumination for means of egress.
    - B) Illumination of exit signs and exit directional signs.
    - C) Fire alarm system.
    - D) Telephone service.
  - 2) The above shall be in accordance with the National Fire Protection Association Codes.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3320 Applicability of These Standards

EMERGENCY

- a) These standards shall apply to all new construction. This includes all new buildings; and all additions, and alterations to existing buildings. Building codes cited under Section 330.3040 apply.
- b) Institutional occupancy (a), Health Care Facilities, of the Life Safety Code shall apply throughout unless specifically stated



Section 330.3320(b) (continued)

otherwise. (A, B~~5~~-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3330 Fire Protection  
EMERGENCY

- a) In addition to these standards, the provisions of the latest revision of Fire Prevention and Safety (41 Ill. Adm. Code 100), Office of the State Fire Marshal, shall apply. (A, B~~5~~-6)
- b) Upon request by the Department, the Division of Fire Prevention of the Office of the State Fire Marshal shall make inspection for fire safety and compliance with these standards. It shall call to the attention of the Department of Public Health any violations of these standards which pertain to fire protection. The Division of Fire Prevention shall be privileged to make as many subsequent visits as deemed necessary for assurance of compliance.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3340 Fire Department Service and Water Supply  
EMERGENCY

All buildings shall meet the following requirements:

- a) Be located not more than three (3) miles from a satisfactory fire station operated by a paid or volunteer organized fire department. A greater distance may be allowed if the building is protected by an approved automatic sprinkler system with flow alarm. (B~~5~~-6)
- b) Be served by a water supply that will supply a sufficient volume of water to fight a fire, and, if involved, the Division of Fire Prevention of the Office of the State Fire Marshal, and satisfactory and accessible for fire department use. (B~~5~~-6)
- c) Have at least one fire hydrant, located within three hundred (300) feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards.

Section 330.3340(c) (continued)

Evaluation of the above shall involve consideration of deliverable satisfactory water pressure. (B~~5~~-~~6~~)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3350 Building General  
EMERGENCY

- a) Facilities of only one (1) story in height shall be constructed of fire resistive construction, protected noncombustible construction, protected ordinary construction, protected wood frame construction, heavy timber construction, or unprotected noncombustible construction. All facilities except those of fire resistive construction or protected noncombustible construction shall be equipped throughout with an automatic extinguishing system. (A, B~~5~~-~~6~~)
- b) Facilities of more than one (1) story in height shall be constructed of fire resistive construction, except facilities of not more than three (3) stories in height may be constructed of protected noncombustible construction if equipped throughout with an automatic extinguishing system. (A, B~~5~~-~~6~~)
- c) A story is that portion of a building between the upper surface of any floor and the upper surface of the floor next above, except that the topmost story shall be that portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.
- d) A basement is any story or floor level below the main or street floor. Where, due to grade differences, there are two levels each qualifying as a street floor, a basement is any floor level below the lower of the two street floors. Basements shall not be counted in determining the height of a building in stories.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3360 Exit Facilities and Subdivision of Floor Areas  
EMERGENCY

Every building shall meet the following requirements:

## Section 330.3360 (continued)

- a) An exit shall be a way of departure from the interior of the building to the open air outside at the ground level. It may comprise vertical and horizontal means of travel such as doorways, corridors, passageways, stairways, and ramps, including all elements necessary for emergency escape from the building. An exit begins at any doorway or other point of access to an exit from which residents may proceed to the exterior of the building with reasonable safety.
- b) At least two (2) exits, remote from each other, shall be provided for each floor or fire section of the building used by residents. At least one (1) of the exits from each floor or fire section shall be an exit door, stairway, or smokeproof tower. (A, B<sub>7-6</sub>)
- c) All other exits shall be either of the above type or a horizontal or ramp type. (B<sub>7-6</sub>)
- d) Travel distance (a) between any room door intended as exit access and an exit shall not exceed one hundred (100) feet; (b) between any point in a room and an exit shall not exceed one hundred fifty (150) feet; (c) between any point in an institutional sleeping room or suite and an exit access door of that room or suite shall not exceed fifty (50) feet. Travel distances in (a) or (b) may be increased by fifty (50) feet in buildings completely equipped with automatic fire extinguishing system. (A, B<sub>7-6</sub>)
- e) Exits shall be arranged so there are no pockets or dead-ends exceeding thirty (30) feet. (A, B<sub>7-6</sub>)
- f) All main exits shall lead directly to the outside. Any corridor or passageway a part of the exit route shall be enclosed as required for stairways. (A, B<sub>7-6</sub>)
- g) Decorative materials applied to walls or ceilings in means of egress and any room shall have a flame spread rating not to exceed twenty-five (25) except in individual rooms of not over four (4) persons in capacity which may have a rating of not more than seventy-five (75). (A, B<sub>7-6</sub>)
- h) Decorative materials applied to wall or ceiling surfaces of corridors more than forty-eight (48) inches above the floor shall not ignite nor flame when inserted for five (5) minutes in a furnace heated to 1200 degrees Fahrenheit. (A, B<sub>7-6</sub>)
- i) Floor coverings shall have a smoke developed rating not to exceed 450 as an average of the flaming and nonflaming values as determined by

## Section 330.3360(i) (continued)

the test procedures outlined in Appendix II NBS Technical Notes 708. (A, B<sub>7-6</sub>)

- j) Each floor shall be divided into at least two (2) fire sections by a one (1) hour fire rated smokestop partition, located to provide ample space on each side for the total number of residents on the floor. Additional partitions may be necessary for the safety of the residents. (A, B<sub>7-6</sub>)
- k) Openings in smokestop partition shall be protected by a pair of approved doors with a fire resistive rating of at least three-fourths (3/4) of an hour, shall be self-closing, and shall be closed at all times unless they have magnetic hold devices connected to the fire detection or sprinkler system. The doors shall swing in a direction opposite from the other and shall be three (3) feet eight (8) inches in clear width. (A, B<sub>7-6</sub>)
- l) Corridor length between smokestop partitions, horizontal exits, or from either to the end of the corridor on any institutional sleeping floor shall not exceed one hundred fifty (150) feet. (A, B<sub>7-6</sub>)
- m) Corridor partition walls shall be continuous from the floor slab to the underside of the floor or roof slab above, through any concealed spaces such as those above the suspended ceilings and through interstitial structural and mechanical spaces. (A, B<sub>7-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3370 Stairways, Vertical Openings, and Doorways

EMERGENCY

Every building shall meet the following requirements:

- a) Stairways shall be enclosed and all openings to them shall be equipped with self-closing doors having a minimum of three (3) feet, eight (8) inches in clear width. Each door shall swing in the direction of exit travel and be equipped with a view panel of clear wired glass, and shall be incapable of being locked from the inside of the stairwell. (A, B<sub>7-6</sub>)
- b) All vertical openings or shafts (elevators, dumbwaiters, laundry chutes, stairways, etc.) shall be enclosed with material having not less than a two (2) hour fire resistive rating. All doors opening



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Section 330.3370(b) (continued)

into such vertical openings shall be noncombustible with at least a one and one-half (1 1/2) hour "B" labeled door. (A, B<sub>5-6</sub>)

- c) Vertical openings and shafts shall be located in rooms of not less than one (1) hour fire resistive construction. The doors shall be three-fourths (3/4) hour rated solid core wood doors or an equivalent. (A, B<sub>5-6</sub>)
- d) All required exit doors shall swing outward, be equipped with panic hardware, and be free of any obstruction, chain, locking or holding device. Each exit door and each door in an exit passageway shall be at least three (3) feet, eight (8) inches in clear width. If the doors have no latching mechanism, panic hardware may not be required. (A, B<sub>5-6</sub>)
- e) Any hazardous area shall be enclosed with construction having at least a one (1) hour fire resistance rating or be provided with automatic fire protection. If the hazard is severe it shall have both. Doors shall be kept closed when not in use. (A, B<sub>5-6</sub>)
- f) Any door that is part of a fire wall separating sections of a building, or two abutting buildings, shall be appropriate for the fire resistance rating of the separation. (A, B<sub>5-6</sub>)
- g) Doors to residents' rooms shall be of solid core wood construction of at least one and three-fourths (1 3/4) inches thickness or equivalent, and shall be at least three (3) feet wide and swing into the room. (A, B<sub>5-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3380 Corridors  
EMERGENCY

Every building shall meet the following requirements:

- a) All corridors required for exit access shall have a minimum unobstructed width of six (6) feet. They shall be equipped on both sides with sturdy handrails, one and one-half (1 1/2) inches clear of the wall. (A, B<sub>5-6</sub>)
- b) Exit corridors shall be one (1) hour fire resistance rated construction. (A, B<sub>5-6</sub>)

Section 330.3380 (continued)

- c) All wood doors shall be one and three-fourths (1 3/4) inch wood, solid core or equivalent. Glass lights shall be wire glass, limited to seven hundred and twenty (720) square inches in size. Louvers in doors shall not be permitted. (A, B<sub>5-6</sub>)
- d) Fixed wired glass vision panels may be placed in corridor walls, provided they do not exceed 1,296 square inches in size having a maximum dimension of four (4) feet, six (6) inches and are installed in approved steel frames. Fixed wired glass vision panels may be installed in wood doors, provided they do not exceed seven hundred and twenty (720) square inches in size and are installed in approved steel frames. (A, B<sub>5-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3390 Exit Lights and Directional Signs  
EMERGENCY

Every building shall meet the following requirements:

- a) Exit and directional signs shall be in accordance with the latest revisions of 41 Ill. Adm. Code 100.150 for Fire Prevention and Safety, Office of the State Fire Marshal. (B<sub>5-6</sub>)
  - b) Every required exit shall have an exit sign readily visible, and additional directional signs shall be located as required to clearly identify the direction of travel to reach the nearest exit. (B<sub>5-6</sub>)
  - c) All signs shall be properly illuminated at all times. (B<sub>5-6</sub>)
  - d) All signs shall be on an emergency electrical system. (B<sub>5-6</sub>)
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3400 Hazardous Areas and Combustible Storage  
EMERGENCY

Every building shall meet the following requirements:

- a) All installations of fuel oil, gas, or liquefied petroleum gas heating equipment or appliances shall conform with the latest



## Section 330.3400(a) (continued)

revision of the American Gas Association Standards and the National Fire Protection Association pamphlets. (A, B<sub>7-6</sub>)

- b) The room in which the heating equipment is located shall be adequately vented to the outside atmosphere to properly support combustion. Doors shall swing into the room. (A, B<sub>7-6</sub>)
- c) All exposed heating ducts in the basement and the smoke pipe or breeching shall be located a safe distance from all combustible material. If they are not a safe distance, the combustible material must be covered properly with a satisfactory fire resistive material. (A, B<sub>7-6</sub>)
- d) All paints, oils, and flammable materials shall be stored in a fire resistive room in approved metal containers or cabinets or outside the building. (A, B<sub>7-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3410 Fire Alarm and Detection System  
EMERGENCY

- a) There shall be an approved fire detection and alarm system throughout the facility. (A, B<sub>7-6</sub>)
- b) The fire alarm system shall be manually and automatically operated, electrically supervised, and be equipped with automatic detectors. Pre-signal systems are not permitted. (A, B<sub>7-6</sub>)
- c) The system shall automatically transmit the alarm to any available municipal fire department by direct private lines or through an approved central station. (A, B<sub>7-6</sub>)
- d) The fire alarm system shall be tested at least weekly. (A, B<sub>7-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3420 Fire Extinguishers, Electric Wiring, and Miscellaneous  
EMERGENCY

- a) There shall be at least one (1) approved fire extinguisher in all

## Section 330.3420(a) (continued)

basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (A, B<sub>7-6</sub>)

- b) No fuse or circuit breaker shall be used which would permit a circuit to be overloaded. (A, B<sub>7-6</sub>)
- c) Drop or extension cords shall not be hung or otherwise supported by a metal support. (A, B<sub>7-6</sub>)
- d) The building shall be in good condition and repair, especially the roof, chimney, and foundation, so that adequate protection is provided against fire hazards. (A, B<sub>7-6</sub>)
- e) Approved metal containers with proper covers shall be provided for daily storage of rubbish. (A, B<sub>7-6</sub>)
- f) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (A, B<sub>7-6</sub>)
- g) Comply with any reasonable additional fire protection measures recommended by the Department over and above the requirements in this Subpart, if conditions in and around the building, including its location, indicate that such additional protection is needed. (A, B<sub>7-6</sub>)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3430 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills  
EMERGENCY

- a) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B<sub>7-6</sub>)
- b) A written plan of evacuation shall be prepared, posted, and made familiar to all personnel employed on the premises. (B<sub>7-6</sub>)
- c) There shall be a minimum of six (6) fire drills conducted annually (2 each shift) at irregular intervals. The local fire authorities

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## Section 330.3430(c) (continued)

should be requested to assist periodically in these drills. (~~B-6~~)  
(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3610 Site  
EMERGENCY

Every existing facility shall comply with any applicable local zoning ordinance. (~~A, B-6~~)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3620 Building General  
EMERGENCY

Every existing facility shall:

- a) Be structurally sound, in good repair, and attractive inside and out. (~~B-6~~)
- b) Have stairs, whether inside or outside of the building, provided with sturdy handrails. Stairways over three (3) feet wide shall have handrails on each side. (~~B-6~~)
- c) Be served by reliable telephone service.
- d) Be served by reliable electrical service. The Department may require a standby electric generator on the premises to provide an emergency supply of electricity to maintain essential services when it has evidence that there has been frequent and prolonged interruptions of service that has resulted in a threat to the residents' health and welfare. (~~B-6~~)
- e) Be constructed and maintained so as to prevent the entrance and harborage of rats, mice, flies, and other insects. (~~C~~)
- f) Have all outside doors, other than required exits, and nonstationary windows equipped with tight-fitting, full-length 16-mesh screens. Screen doors shall be equipped with self-closing devices. (~~C~~)
- g) Have each exterior door equipped with a signal that will alert

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## Section 330.3620(g) (continued)

- personnel in the area if a resident leaves the building. Any exterior door that is supervised during certain periods during the day or night may have a disconnect device for part-time use. If there is constant twenty-four (24) hour a day supervision of the door, a signal is not required. (~~B-6~~)
- h) Be provided with sufficient and satisfactory artificial lighting wherever required throughout the building and grounds. (~~C~~)
  - i) Have smooth floors which are free from cracks and finished so that they can be easily and properly cleaned. Floors in bathrooms, kitchens, and utility rooms shall be covered wall to wall with terrazzo, inlaid linoleum, tile or approved equivalent. (~~B-6~~)
  - j) Have all walls and ceilings of sound construction, covered with plaster or approved equivalent, in good repair, and free from cracks or holes for easy and proper cleaning. (~~C~~)
  - k) Have all windows in good repair so that they fit snugly, yet will open and close easily. (~~C~~)
  - l) Have safety devices provided across low windows, on open porches, at changes in floor level, and at other danger areas inside or outside the building, when there is a danger present to residents. (~~B-6~~)
  - m) Have no other business unrelated to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building. (~~C~~)
  - n) Have any thresholds for doorways used by residents flush with the floor. (~~C~~)
  - o) Have a ceiling height of eight (8) feet or more throughout all rooms occupied or used by residents. (~~C~~)
  - p) Provide a medicine cabinet. (~~C~~) (See Section 330.1520.)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

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## Section 330.3630 Administration

EMERGENCY

Every existing facility shall provide sufficient administrative office space for clerical, financial, and managerial functions. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3640 Corridors

EMERGENCY

Every existing facility shall have:

- a) All corridors and passages used by residents at least three (3) feet wide and properly lighted at night and at other times when necessary. If handrails project more than three and one-half (3 1/2) inches, the width shall be measured between the handrails. (B5-6)
  - b) No nonambulatory residents in a bedroom unless it can be reached by passing through a passage or corridor which is at least four (4) feet wide and is properly lighted at night and at other times when necessary. (B5-6)
  - c) All corridors and passages used by residents provided with sturdy handrails on each side. (B5-6)
  - d) All corridors enclosed from weather and properly heated. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3650 Bath and Toilet Rooms

EMERGENCY

- a) Every existing facility shall be provided with a minimum of one (1) water closet, one (1) lavatory, and one (1) bathtub or shower on each floor occupied by residents. {6}
- b) Have bathroom fixtures provided in the following minimum numbers:
  - 1) One (1) lavatory and one (1) water closet for each ten (10) resident beds on each floor. {6}
  - 2) One (1) bathtub or shower for each fifteen (15) resident beds on

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## Section 330.3650(b)(2) (continued)

each floor. The number of resident beds shall be used in determining the number of bathroom fixtures required, irrespective of the fact that some of the beds may not be occupied, or may be occupied by bedfast residents. {6}

- c) Have no toilet room, other than for employees, open directly into a kitchen, pantry, food preparation or food storage room. {6}
  - d) Have bathroom fixtures of substantial construction, in good repair and design, so that they may be satisfactorily cleaned. All toilets, showers, and bathtubs shall be provided with satisfactory handgrips to assist residents in using them. {6}
  - e) Have each toilet and bathroom adequately lighted, have a light switch just inside or outside the door, and be provided with a well-lighted mirror for each lavatory. {6}
  - f) Have all bath and toilet rooms conveniently located and ventilated to the outside atmosphere either by a window or an exhaust fan. No such room shall open directly into a kitchen, dining room, pantry, food preparation or food storage room. Neither shall it be so located that a resident must pass through any such area to reach it. {6}
  - g) Have all toilet and bathrooms with no hardware that will allow a resident to lock himself in the room. (B5-6)
  - h) Have partial partitions or cubical curtains to afford privacy for each toilet and bath fixture when there are more than one (1) of each type fixture in a room. {6}
  - i) Have toilet enclosures.
  - j) Any shower stalls shall be a minimum of three (3) feet wide by three (3) feet deep and have a low or no curb at the entrance opening. Satisfactory and properly placed handgrips shall be provided in the shower stall. {6}
- (Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3660 Living, Dining, and Activity Room(s)

EMERGENCY

- a) Every existing facility shall:



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## Section 330.3660(a) (continued)

- 1) Provide accessible and satisfactory areas for living, dining, and activities to meet the needs of the residents. These rooms shall: {6}
- 2) Be well lighted and ventilated, and easily accessible to all residents. {6}
- 3) Be an outside room. Additional interior rooms may be used for television, crafts, or similar activities. {6}
- 4) Provide adequate floor area to satisfactorily serve the residents in the facility. {6}
- 5) Be so located that the room is not an entrance vestibule from the out-of-doors, nor an obstruction to traffic in and out of the facility. {6}

- b) Have at least one (1) comfortably furnished living room on each floor. These living rooms shall, in multiple story buildings, be provided on each floor unless a variance to this requirement is approved in writing by the Department. Under no circumstances shall the living room be used as a bedroom. The minimum floor space for a living room shall be eighty (80) square feet. The dining room shall be sufficient in area to properly and comfortably seat the residents. The combined living room, dining room, and activity area shall be approximately fifteen (15) square feet per resident bed. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3670 Bedrooms  
EMERGENCY

- a) Every existing facility shall meet the following requirements for bedrooms:

- 1) Each single bedroom for a resident shall have at least sixty (60) square feet of floor area not including any space taken up by closets. Facilities established after January 1, 1958, shall provide seventy (70) square feet for a single room. {6}
- 2) Each multiple bedroom used for residents shall have at least sixty (60) square feet of floor area, not including any space

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## Section 330.3670(a)(2) (continued)

taken up by closets, for each resident's bed. There shall be a three (3) foot minimum distance between beds. {6}

- b) All bedrooms shall meet the following requirements:

- 1) No more than four (4) residents shall share a bedroom, regardless of its size. {6}
- 2) Each bedroom shall be provided with a door and have the furniture in the room so arranged, even if it reduces the bed capacity of the room, so that the bed, bedside stand, and chair for each resident will be reasonably well arranged. Beds shall not be located near radiators, registers, nor sources of drafts. {6}
- 3) No room which opens into the kitchen shall be used as a resident bedroom. {6}
- 4) No rooms shall be used as resident bedrooms which necessitate passing through a kitchen to reach any other part of the facility. {6}
- 5) Occupancy of bedrooms shall be such that residents of one sex will not pass through a bedroom for the opposite sex to reach any part of the facility. {6}
- 6) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric convenience outlet. Electric cords shall not be strung from a ceiling fixture. There shall be an electric switch near the door in each bedroom to control at least one (1) light in the room. (81-6)
- 7) Each bedroom shall be an outside room and have window glass area equal to at least ten percent (10%) of the usable floor area. This window area shall provide an amount of light equivalent to that provided by an unobstructed window. {6}
- 8) Rooms with a floor more than three (3) feet below the adjacent ground level shall not be used for resident bedrooms. {6}
- 9) Bedroom doors shall have no hardware that will allow the resident to lock himself in the room. The door may be keyed on

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## Section 330.3670(b)(9) (continued)

the corridor side to prevent others from entering the room.  
(B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3680 Special Care Room  
EMERGENCY

Every existing facility shall provide a vacant bedroom, or one that can be vacated, for use as a bedroom to temporarily isolate a resident who becomes ill. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3690 Kitchen  
EMERGENCY

Every existing facility shall:

- a) Provide a kitchen properly located for efficient food service, and large enough to accommodate the equipment and personnel needed to prepare and properly serve the number of meals required, all in accordance with the latest revised edition of the Department's "Food Service Sanitation" rules (77 Ill. Adm. Code 750). Adequacy of the kitchen facilities will be determined by the Department if it is sufficient to meet the needs of the residents based on professional evaluation. (B<sub>5</sub>-6)
- b) Provide a subkitchen with satisfactory facilities for serving meals properly from thermo containers; for storing staple foods and nutrients; and for properly washing and sanitizing dishes if the prepared meals are transported to the facility from a central kitchen in another building. (6)
- c) Have the walls and ceilings of all food handling rooms finished with smooth, washable, light colored surfaces. (6)
- d) Have all openings to the outer air effectively screened during fly season, and have screen doors either open outward, equipped with self-closing devices, or a satisfactory alternate method. (6)

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## Section 330.3690 (continued)

- e) Have adequate artificial light provided on all work surfaces in rooms in which food is prepared and dishes are washed. Artificial light shall be used except when equivalent natural light is present. (6)
- f) Have food servicing rooms adequately ventilated so as to be reasonably free from disagreeable odors and moisture. (6)
- g) Have an adequate supply of hot and cold running water under pressure, easily available to rooms in which food is prepared and dishes are washed. (6)
- h) Have a two (2) compartment sink or its equivalent; one (1) compartment for washing dishes and the other for rinsing and disinfecting them. The compartment for disinfection shall be sufficiently deep to allow complete submersion of all items washed. (B<sub>5</sub>-6)
- i) Have future installations of equipment of an institutional type in compliance with the adopted standards of the National Sanitation Foundation Testing Laboratory (including basic or special criteria), or equivalent. (B<sub>5</sub>-6)
- j) Have the kitchen so located that no resident must pass through it to reach the bathroom, his bedroom, the living room, or out-of-doors. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3700 Laundry Room  
EMERGENCY

Every existing facility shall:

- a) Provide a laundry room equipped with adequate facilities for satisfactorily doing all laundering, unless a commercial laundry service is used. (6)
- b) Provide satisfactory storage and counting areas for soiled and clean linens. These may be in the same room if well defined and adequate separation can be provided. Mechanical ventilation shall provide sufficient air flowing from the clean area to the soiled, with proper exhaust. (6)

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## Section 330.3700 (continued)

- c) Not be located in a room used by residents, or for food storage, preparation or serving. It shall be so located that soiled linens are not carried through a food handling area to reach it. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.3710 Housekeeping and Service Rooms and Storage Space  
EMERGENCY

Every existing facility shall:

- a) Provide adequate storage space in the facility, out of the way of residents and staff, to store wheelchairs, walkers, and similar equipment temporarily not being used. (6)
- b) Provide adequate storage space for excess personal possessions of residents and staff, linens, supplies, and other items. This storage shall be such that it does not constitute a fire or accident hazard and will not be in the way of residents or staff. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.3720 Plumbing and Heating

EMERGENCY

- a) Every existing facility shall meet the following plumbing and heating requirements:

- 1) All plumbing shall comply with the latest revision of the Illinois Plumbing Code (77 Ill. Adm. Code 890) effective at the time of approval by this Department of either the architectural plans or the building. (A, B<sub>5</sub>-6)
- 2) All plumbing within the building shall be of an adequate size and so installed that fixtures receive water under good pressure and are satisfactorily drained. (A, B<sub>5</sub>-6)
- 3) No physical connection shall be permitted between a safe and an unsafe water supply. (A, B<sub>5</sub>-6)
- b) All plumbing installations and fixtures on the premises shall be of

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## Section 330.3720(b) (continued)

such a type and design that danger of contaminated water entering the drinking water piping by backflow or backsiphonage is eliminated. The following standards shall be used as a guide to determine satisfactory compliance of individual fixtures: (A, B<sub>5</sub>-6)

- 1) Lavatory faucets shall discharge at least one (1) inch above the top rim of the lavatory bowl. (B<sub>5</sub>-6)
- 2) Faucets for bathtubs, sinks, laundry tubs, etc., shall discharge at least two (2) inches above the top rim of the fixture. (B<sub>5</sub>-6)
- 3) Flush tank type toilets shall be equipped with approved antisiphon ball cocks, so installed that the effective air opening of the vacuum breaker is at least one (1) inch above the top of the overflow tube in the toilet flush tank. (B<sub>5</sub>-6)
- 4) Flushometer type toilets shall be equipped with approved vacuum breakers installed on the discharge side of the flush valve and at least four (4) inches above the top of the toilet bowl. (B<sub>5</sub>-6)
- 5) Dishwashing machines, laundry machines, urinals, drinking fountains, etc., shall be so installed as to provide backflow protection. (B<sub>5</sub>-6)
- 6) Protection against other backflow possibilities may be required by the Department. (B<sub>5</sub>-6)
- 7) All fixtures having, or capable of receiving, a hose shall have a vacuum breaker located at least six (6) inches above the highest head that normally may be placed on the unit. The height of the antisiphon unit should be sufficient to prevent any pressure on the unit, other than atmospheric pressure, when the control valve is closed. (B<sub>5</sub>-6)
- 8) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. (B<sub>5</sub>-6)
- 9) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>5</sub>-6)
- 10) Protective measures such as but not limited to, installation of a mixing valve, limited access to controls, and checking water



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## Section 330.3720(b)(10) (continued)

temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees F. (A, B<sub>5</sub>-6)

- c) The facility shall be equipped with a central heating plant, and have a radiator, convector, or register in each room used by residents or staff. {6}
- d) The heating system shall be capable of maintaining a temperature of 80 degrees Fahrenheit throughout the residents' section of the building during weather conditions when the temperature falls to twenty (20) degrees below zero (0) Fahrenheit. {6}
- e) Alternative modern types of heating systems may be accepted, if it is adequate to meet the needs of the residents as determined by professional standards.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3730 Electrical  
EMERGENCY

Every existing facility shall meet the following electrical requirements:

- a) All electrical wiring and equipment shall comply with the latest revisions of the "National Electric Code" effective at the time of approval by this Department of either the architectural plans or the building. (A, B<sub>5</sub>-6)
- b) All facilities shall provide sufficient and satisfactory artificial lighting and power to meet all the requirements and demands of the building. {6}
- c) See Section 330.3960(a) for exit lights and Section 330.3990 (g), (h) and (i) for emergency lighting. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.3910 Fire Protection  
EMERGENCY

- a) In addition to these standards, the provisions of the latest revision of the rules for Fire Prevention and Safety (41 Ill. Adm. Code 100) of the Office of the State Fire Marshal shall apply to all existing facilities. (A, B<sub>5</sub>-6)
- b) Upon request by the Department, the Office of the State Fire Marshal shall make inspections for fire safety and compliance with these standards. It shall call to the attention of the Department any violations of these standards which pertain to fire protection. The Office of the State Fire Marshal shall be privileged to make as many subsequent visits as deemed necessary for assurance of compliance.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3920 Fire Department Service and Water Supply  
EMERGENCY

Every existing facility shall:

- a) Be served by a paid or voluntary organized fire department. (A, B<sub>5</sub>-6)
- b) Have an adequate water supply that is satisfactory and accessible for fire department use. Facilities not served by a satisfactory supply must provide such supply. (B<sub>5</sub>-6)
- c) Have at least one (1) municipal or private fire hydrant, located within three hundred (300) feet of the building and satisfactory for use by the equipment of the fire department serving the building, or an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. (B<sub>5</sub>-6)
- d) Be located within two (2) miles of, and served by, a satisfactory fire department. (B<sub>5</sub>-6)
- e) Not increase bed capacity if located more than two (2) miles from a satisfactory fire department unless a satisfactory sprinkler system is installed. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.3930 Occupancy and Fire Areas

EMERGENCY

Every existing facility shall meet the following requirements:

- a) Buildings with "nonfire resistive" type construction shall not house any residents above the second floor. The third and fourth floors of facilities, including Residential Care (Half-Way) Homes that were in operation in the City of Chicago and subject to the local Licensing ordinance for such homes in December, 1968, may be approved for alert ambulatory residents if the facility is protected by an approved automatic sprinkler system and/or approved automatic fire detection and alarm system directly connected to the nearest available fire department in addition to the other usual fire protection measures. (A, B<sub>7</sub>-6)
- b) A basement shall not be counted as a floor unless the floor above is more than eight (8) feet, six (6) inches above the ground level at any adjacent point of the building. Service and entrance area ways encompassing not more than twenty-five percent (25%) of the perimeter of the building may be disregarded.
- c) Attic and roof spaces, when designed for occupancy or used for storage, shall be considered as an additional story in a building.
- d) Any facility which is especially susceptible to rapid spread of fire by reason of combustible construction, unenclosed vertical openings, or other inflammable conditions, shall be protected by an approved automatic fire detection and alarm system with direct connection to the fire department or an approved automatic sprinkler system with a flow alarm. (A)
- e) All sheltered care facilities that are not of fire resistive or protected noncombustible type construction, shall be protected by an approved automatic sprinkler system with flow alarm. (A)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3940 Exit Facilities and Subdivision of Floor Areas  
EMERGENCY

Every existing facility shall meet the following requirements:

- a) Each floor used for the housing of residents shall have at least two (2) approved exits which are well separated and provided in the most

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Section 330.3940(a) (continued)

accessible locations. (A, B<sub>7</sub>-6)

- b) All future fire escapes shall be of fire resistive construction. (B)
- c) All corridors and passageways to be used as a means of horizontal exit shall be at least three (3) feet wide. (B<sub>7</sub>-6)
- d) Wherever an existing or future stairway, balcony landing, platform, slide escape, or runway of a fire escape stairway is located ten (10) feet or less from a window or doorway, such window or door shall be provided with wired glass. (B<sub>7</sub>-6)
- e) All exits, passageways, and exits through rooms shall be kept free of any item that would obstruct the exit route. (B<sub>7</sub>-6)
- f) All corridors and passages to be used as a means of horizontal exit, or part of a means of exit, shall not lead through any room or space used for a purpose that may obstruct free passage. (B<sub>7</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3950 Stairways, Vertical Openings, and Doorways  
EMERGENCY

Every existing facility shall meet the following requirements:

- a) All stairways shall be enclosed and protected with smokestop partitions and doors at each floor level. All doors that are a part of this protection shall swing in the direction of the exit from the building, be provided with view panels of clear wired glass, and have door closers. These doors shall be closed at all times when not in use. (A, B<sub>7</sub>-6)
- b) All vertical openings or shafts (elevators, dumbwaiters, laundry chutes, stairways, etc.) shall be completely lined with metal or equivalent fire resistive material. Openings into shafts shall be protected with self-closing fire resistive doors. A sprinkler head or detection device is recommended in each shaft. (A, B<sub>7</sub>-6)
- c) All required exterior exit doors shall swing outward, be equipped with panic hardware, and be free of any obstruction. No chain locking, or holding device shall be permitted on any door equipped with panic hardware other than the latching mechanism of the panic

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## Section 330.3950(c) (continued)

hardware itself. If the doors have no latching mechanism, panic hardware may not be required. (A, B<sub>5</sub>-6)

- d) Interior kitchen doors shall be covered with fire resistive material on the kitchen side with a view panel of clear, wired glass. All such doors shall swing into the kitchen and shall be kept closed at all times when not in use unless otherwise approved by the Department. Such approval will be granted only when such variance will not create a hazard to the health, welfare, or safety of residents. (B<sub>5</sub>-6)

- e) All doors from the basement which lead into the interior of the building shall be self-closing, be covered with fire resistive material on the basement side, and have a view panel of clear wired glass. These doors shall be closed at all times when not in use. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3960 Exit and Fire Escape Lights and Directional Signs  
EMERGENCY

Every existing facility shall meet the following requirements:

- a) Standard illuminated exit lights on a separate electric circuit shall be provided at all exits on each floor. The signs shall bear the word "EXIT" in conspicuous lettering on a contrasting background to comply with local ordinances or practice. These lights shall be kept lighted at all times. (A, B<sub>5</sub>-6)
- b) A fire escape sign shall be placed over the inside of each door to the fire escape. The sign shall bear the words "FIRE ESCAPE" in conspicuous lettering on a contrasting background to comply with local ordinances or practice. These lights should be lighted at all times. (A, B<sub>5</sub>-6)
- c) White lights shall be provided on the outside of the building over each door to the fire escape. These lights shall be kept on a separate circuit and shall be kept lighted at all times unless they are on a timer or solar device. (A, B<sub>5</sub>-6)
- d) Directional signs of similar construction as above shall be provided throughout the building and its corridors as needed or required to

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## Section 330.3960(d) (continued)

show the direction to exits.

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.3970 Hazardous Areas and Combustible Storage  
EMERGENCY

Every existing facility shall meet the following requirements:

- a) A central heating plant (including any coal storage) shall be located in a separate room. The room, including the ceiling and any doors, shall be constructed of, or satisfactorily protected by, approved fire resistive material providing a fire resistance rating of at least one (1) hour. All doors to the room must be protected with asbestos and metal on the furnace room side (or equivalent protection), swing into the room, and be self-closing. The rooms shall be adequately vented to the outside atmosphere to properly support combustion in the furnace. (Alternate modern types of heating systems may be approved by the Department.) (A, B<sub>5</sub>-6)
- b) The entire basement ceiling in nonfire resistive buildings shall be protected with one (1) hour rated materials if it is not practical to provide a separate room for the heating plant. (A, B<sub>5</sub>-6)
- c) All exposed heating ducts in the basement and the smoke pipe or breeching shall be located a safe distance from all combustible material. If they are not a safe distance, the combustible material must be properly covered with a satisfactory resistive material. (A, B<sub>5</sub>-6)
- d) All installations of fuel oil, gas, or liquified petroleum gas heating equipment and appliances shall conform to the American Gas Association Standards and the following National Fire Protection Association pamphlets: (A, B<sub>5</sub>-6)
- 1) Fuel Oil, NFPA--31.
  - 2) Gas, NFPA--54.
  - 3) Liquified Petroleum, NFPA--58.
- e) Auxiliary gas or electric space heaters of an approved closed type may be installed in areas requiring more heat than is produced by the



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## Section 330.3970(e) (continued)

central heating system. Heaters in corridors must be ceiling hung or wall recessed units. (B<sub>5</sub>-6)

f) Floor type heaters or furnaces are not permitted. (B<sub>5</sub>-6)

g) All paints, oils, and flammable materials shall be stored in a fire resistive room in approved metal containers and metal cabinets, or stored outside the building. (A, B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## Section 330.3980 Fire Alarm and Detection System

EMERGENCY

Existing facility shall meet the following requirements:

a) An approved standard fire detection and alarm system shall be provided. The provisions of 41 Ill. Adm. Code 100.190 of the latest revision of rules for Fire Prevention and Safety of the Office of the State Fire Marshal, effective at the time of construction and/or acceptance of the building by this Department, shall apply in determining satisfactory compliance with this item. (A, B<sub>5</sub>-6)

b) The fire alarm system shall be manually and automatically operated and equipped with detectors. (A, B<sub>5</sub>-6)

c) Every facility shall have hazardous areas and rooms protected by an approved automatic detector system. (A, B<sub>5</sub>-6)

d) The system shall automatically transmit the alarm to any available municipal fire department by direct private line or through an approved central station. (A, B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous

EMERGENCY

Every existing facility shall meet the following requirements:

a) There shall be at least one (1) approved fire extinguisher in all

## Section 330.3990(a) (continued)

basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than fifty (50) feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (A, B<sub>5</sub>-6)

b) All electrical wiring and equipment shall comply with the latest revisions of the National Electric Code effective at the time of construction and/or acceptance of the building by this Department. (A, B<sub>5</sub>-6)

c) No fuse or circuit breaker shall be used which would permit a circuit to be overloaded. (A, B<sub>5</sub>-6)

d) Drop or extension cords shall not be hung or otherwise supported by a metal support. (A, B<sub>5</sub>-6)

e) The building shall be in good condition and repair, especially the roof, chimney, and foundation, so that adequate protection is provided against fire hazards. (A, B<sub>5</sub>-6)

f) All wood partitions located in the basement shall be protected with fire resistive material. (A, B<sub>5</sub>-6)

g) Emergency sources of lighting shall be provided for use in case of electrical power failure.

h) Acceptable methods of providing emergency lighting are:

1) Emergency generator.

2) Two (2) service lines, each from a separate substation.

3) Wet cell batteries in series.

4) Self-charging, wall-mounted light units.

i) Kerosene, gasoline, alcohol, or carbide lamps shall not be permitted on the premises. (A, B)

j) Approved metal containers with covers shall be provided for daily storage of ashes, rubbish, etc. (A, B<sub>5</sub>-6)

k) Housekeeping throughout the building, including basements, attics,

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## Section 330.3990(k) (continued)

and unoccupied rooms, shall be adequately performed to minimize all fire hazards. (A, B<sub>7</sub>-E)

- 1) The Department reserves the right to require any reasonable additional fire protection measures deemed necessary for the safety of the residents. Additional fire protection measures shall include, but are not limited to the institution of a fire watch installation of a sprinkler system, and/or installation of smoke detectors.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.4000 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills  
EMERGENCY

- a) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B<sub>7</sub>-E)
- b) A written plan of evacuation shall be prepared, posted, and made familiar to all personnel employed on the premises. (B<sub>7</sub>-E)

- c) Fire drills, involving all shifts, shall be conducted at sufficient intervals so that personnel on each shift participate in such a drill at least every six (6) months. The local fire authorities should be requested to assist periodically in these drills. (B<sub>7</sub>-E)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4210 General  
EMERGENCY

- a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law based on their status as a resident of a facility. (A, B<sub>7</sub>-G)
- b) A RESIDENT SHALL BE PERMITTED TO RETAIN AND USE OR WEAR HIS PERSONAL PROPERTY IN HIS IMMEDIATE LIVING QUARTERS, UNLESS DEEMED MEDICALLY INAPPROPRIATE BY A PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD. (G)
- c) IF CLOTHING IS PROVIDED TO THE RESIDENT BY THE FACILITY IT SHALL BE OF A PROPER FIT. (G)

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## Section 330.4210 (continued)

- d) THE FACILITY SHALL PROVIDE ADEQUATE AND CONVENIENT STORAGE SPACE FOR THE PERSONAL PROPERTY OF THE RESIDENT. (G)

- e) THE FACILITY SHALL PROVIDE A MEANS OF SAFEGUARDING SMALL ITEMS OF VALUE FOR ITS RESIDENTS IN THEIR ROOMS OR IN ANY OTHER PART OF THE FACILITY SO LONG AS THE RESIDENTS HAVE DAILY ACCESS TO SUCH VALUABLES. (G)

- f) THE FACILITY SHALL DEVELOP PROCEDURES FOR INVESTIGATION COMPLAINTS CONCERNING THEFT OF RESIDENT'S PROPERTY AND SHALL PROMPTLY INVESTIGATE ALL SUCH COMPLAINTS. (G)

- g) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT MARRIED RESIDENTS RESIDING IN THE SAME FACILITY BE ALLOWED TO RESIDE IN THE SAME ROOM WITHIN THE FACILITY UNLESS THERE IS NO ROOM AVAILABLE IN THE FACILITY OR IT IS DEEMED MEDICALLY INADVISABLE BY THE RESIDENT'S ATTENDING PHYSICIAN AND SO DOCUMENTED IN THE RESIDENT'S MEDICAL RECORDS. (G)

- h) There shall be no traffic through a resident's room to reach any other area of the building. (B<sub>7</sub>-E)

- i) Children under sixteen (16) years of age who are related to employees or owners of a facility, and who are not themselves employees of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity. (G)

- j) A RESIDENT MAY REFUSE TO PERFORM LABOR FOR A FACILITY. (G)

- k) A RESIDENT SHALL BE PERMITTED THE FREE EXERCISE OF RELIGION. UPON A RESIDENT'S REQUEST, AND IF NECESSARY AT HIS EXPENSE, THE FACILITY ADMINISTRATOR SHALL MAKE ARRANGEMENTS FOR A RESIDENT'S ATTENDANCE AT RELIGIOUS SERVICES OF THE RESIDENT'S CHOICE. HOWEVER, NO RELIGIOUS BELIEFS OR PRACTICES, OR ATTENDANCE AT RELIGIOUS SERVICES, MAY BE IMPOSED UPON ANY RESIDENT. (G)

- l) All facilities shall comply with the "Illinois Election Code" as it pertains to absentee voting for residents of licensed long-term care facilities. (G)

- m) THE FACILITY SHALL IMMEDIATELY NOTIFY THE RESIDENT'S NEXT OF KIN, REPRESENTATIVE AND PHYSICIAN OF THE RESIDENT'S DEATH OR WHEN THE RESIDENT'S DEATH APPEARS TO BE IMMINENT. (G)

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## Section 330.4210 (continued)

- n) THE FACILITY SHALL ALSO IMMEDIATELY NOTIFY THE RESIDENT'S FAMILY, GUARDIAN, REPRESENTATIVE, CONSERVATOR AND ANY PRIVATE OR PUBLIC AGENCY FINANCIALLY RESPONSIBLE FOR THE RESIDENT'S CARE WHENEVER UNUSUAL CIRCUMSTANCES SUCH AS ACCIDENTS, SUDDEN ILLNESS, DISEASE, UNEXPLAINED ABSENCES, EXTRAORDINARY RESIDENT CHARGES, BILLINGS, OR RELATED ADMINISTRATIVE MATTERS ARISE. (B5-6)
- o) WHERE A RESIDENT, A RESIDENT'S REPRESENTATIVE OR A RESIDENT'S NEXT OF KIN BELIEVES THAT AN EMERGENCY EXISTS EACH OF THEM, COLLECTIVELY OR SEPARATELY, MAY FILE A VERIFIED PETITION TO THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED FOR AN ORDER PLACING THE FACILITY UNDER THE CONTROL OF A RECEIVER. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4220 Medical and Personal Care Program  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO RETAIN THE SERVICES OF HIS OWN PERSONAL PHYSICIAN AT HIS OWN EXPENSE UNDER AN INDIVIDUAL OR GROUP PLAN OF HEALTH INSURANCE, OR UNDER ANY PUBLIC OR PRIVATE ASSISTANCE PROGRAM PROVIDING SUCH COVERAGE. (B5-6)
- b) THE DEPARTMENT SHALL NOT PRESCRIBE THE COURSE OF MEDICAL TREATMENT PROVIDED TO AN INDIVIDUAL RESIDENT BY THE RESIDENT'S PHYSICIAN IN A FACILITY. (6)
- c) EVERY RESIDENT SHALL BE PERMITTED TO OBTAIN FROM HIS OWN PHYSICIAN OR THE PHYSICIAN ATTACHED TO THE FACILITY COMPLETE AND CURRENT INFORMATION CONCERNING HIS MEDICAL DIAGNOSIS, TREATMENT AND PROGNOSIS IN TERMS AND LANGUAGE THE RESIDENT CAN REASONABLY BE EXPECTED TO UNDERSTAND. (6)
- d) EVERY RESIDENT SHALL BE PERMITTED TO PARTICIPATE IN THE PLANNING OF HIS TOTAL CARE AND MEDICAL TREATMENT TO THE EXTENT THAT HIS CONDITION PERMITS. (6)
- e) NO RESIDENT SHALL BE SUBJECTED TO EXPERIMENTAL RESEARCH OR TREATMENT WITHOUT FIRST OBTAINING HIS INFORMED, WRITTEN CONSENT. THE CONDUCT OF ANY EXPERIMENTAL RESEARCH OR TREATMENT SHALL BE AUTHORIZED AND MONITORED BY AN INSTITUTIONAL REVIEW COMMITTEE APPOINTED BY THE ADMINISTRATOR OF THE FACILITY WHERE SUCH RESEARCH AND TREATMENT IS CONDUCTED. (A, B5-6)

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## Section 330.4220 (continued)

- f) EVERY RESIDENT SHALL BE PERMITTED TO REFUSE MEDICAL TREATMENT AND TO KNOW THE CONSEQUENCES OF SUCH ACTION, UNLESS SUCH REFUSAL WOULD BE HARMFUL TO THE HEALTH AND SAFETY OF OTHERS AND SUCH REFUSAL IS DOCUMENTED BY A PHYSICIAN IN THE RESIDENT'S CLINICAL RECORD. (B5-6)
- g) 1) EVERY RESIDENT, RESIDENT'S GUARDIAN, OR PARENT OF THE RESIDENT IS A MINOR SHALL BE PERMITTED TO INSPECT AND COPY HIS CLINICAL AND OTHER RECORDS CONCERNING HIS CARE AND MAINTENANCE KEPT BY THE FACILITY OR BY HIS PHYSICIAN. (See Section 2-109(c) of the Act.)
- 2) EVERY RESIDENT'S REPRESENTATIVE SHALL BE PERMITTED TO INSPECT AND COPY THE RESIDENT'S RECORDS. A "RESIDENT'S REPRESENTATIVE" IS A PERSON, OTHER THAN THE OWNER OR AGENT OR EMPLOYEE OF A FACILITY WHO IS NOT RELATED TO THE RESIDENT, DESIGNATED IN WRITING BY A RESIDENT TO BE HIS REPRESENTATIVE, OR THE RESIDENT'S GUARDIAN, OR THE PARENT OF A MINOR RESIDENT FOR WHOM NO GUARDIAN HAS BEEN APPOINTED. (See Sections 2-202(h) and 1-123 of the Act.)
- h) A RESIDENT SHALL BE PERMITTED RESPECT AND PRIVACY IN HIS MEDICAL AND PERSONAL CARE PROGRAM. EVERY RESIDENT'S CASE DISCUSSION, CONSULTATION, EXAMINATION AND TREATMENT SHALL BE ON A PRIVATE AND SHALL BE CONDUCTED DISCREETLY, AND THOSE PERSONS NOT DIRECTLY INVOLVED IN THE RESIDENT'S CARE MUST HAVE HIS PERMISSION TO BE PRESENT. (B5-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4230 Restraints  
EMERGENCY

- a) NEITHER PHYSICAL RESTRAINTS NOR CONFINEMENTS SHALL BE USED FOR THE PURPOSE OF PUNISHMENT OR FOR THE CONFINEMENT OF ANY PERSONNEL. NO PHYSICAL RESTRAINTS OR CONFINEMENTS SHALL BE EMPLOYED EXCEPT AS ORDERED BY A PHYSICIAN WHO DOCUMENTS THE NEED FOR SUCH RESTRAINTS OR CONFINEMENTS IN THE RESIDENT'S CLINICAL RECORD. (B5-6)
- b) Restraints and confinements may be employed only when necessary to prevent a resident from injuring himself or others. The physician



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## Section 330.4230(b) (continued)

written authorization shall specify the precise time periods and conditions in which any restraints and confinements shall be employed. (B<sub>5</sub>-6)

- c) No chemical, medication or tranquilizer shall be employed by a facility as a restraint or confinement in lieu of or in addition to any physical restraint or confinement. Such chemicals, medications or tranquilizers may only be employed as part of a duly prescribed therapeutic medical treatment program authorized by the resident's physician and documented in the resident's clinical record. (B<sub>5</sub>-6)
- d) No resident shall be subjected to any behavior modification program which utilizes restraints, confinements, or aversive stimuli of any nature unless and until the informed consent of such resident, resident's guardian, or parent of a minor resident has been obtained. (B<sub>5</sub>-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4240 Abuse and Neglect  
EMERGENCY

- a) AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT A RESIDENT. (A, B<sub>5</sub>-6)
- b) A FACILITY EMPLOYEE OR AGENT WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER TO THE FACILITY ADMINISTRATOR. (6)
- c) A FACILITY ADMINISTRATOR WHO BECOMES AWARE OF ABUSE OR NEGLECT OF A RESIDENT SHALL IMMEDIATELY REPORT THE MATTER BY TELEPHONE AND IN WRITING TO THE RESIDENT'S REPRESENTATIVE, OR IF HE IS NOT AVAILABLE THEN TO THE DEPARTMENT. (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4250 Communication and Visitation  
EMERGENCY

- a) EVERY RESIDENT SHALL BE PERMITTED UNIMPEDED, PRIVATE AND UNCENSORED

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## Section 330.4250(a) (continued)

COMMUNICATION OF HIS CHOICE BY MAIL, PUBLIC TELEPHONE OR VISITATION. (6)

- b) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT CORRESPONDENCE IS CONVENIENTLY RECEIVED AND MAILED, AND THAT TELEPHONES ARE REASONABLY ACCESSIBLE. (6)
- c) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT RESIDENTS MAY HAVE PRIVATE VISITS AT ANY REASONABLE HOUR UNLESS SUCH VISITS ARE NOT MEDICALLY ADVISABLE FOR THE RESIDENT AS DOCUMENTED IN THE RESIDENT'S CLINICAL RECORD BY THE RESIDENT'S PHYSICIAN. (6)
- d) The facility shall allow daily visiting between 10 A.M. and 8 P.M. These visiting hours shall be posted in plain view of visitors. (6)
- e) THE FACILITY ADMINISTRATOR SHALL ENSURE THAT SPACE FOR VISITS IS AVAILABLE AND THAT FACILITY PERSONNEL KNOCK, EXCEPT IN AN EMERGENCY, BEFORE ENTERING ANY RESIDENT'S ROOM. (6)
- f) UNIMPEDED, PRIVATE AND UNCENSORED COMMUNICATION BY MAIL, PUBLIC TELEPHONE, AND VISITATION MAY BE REASONABLY RESTRICTED BY A PHYSICIAN ONLY IN ORDER TO PROTECT THE RESIDENT OR OTHERS FROM HARM, HARASSMENT OR INTIMIDATION PROVIDED THAT THE REASON FOR ANY SUCH RESTRICTION IS PLACED IN THE RESIDENT'S CLINICAL RECORD BY THE PHYSICIAN AND THAT NOTICE OF SUCH RESTRICTION SHALL BE GIVEN TO ALL RESIDENTS UPON ADMISSION. (6)
- g) NOTWITHSTANDING SECTION 330.4250(f), ABOVE, ALL LETTERS ADDRESSED BY A RESIDENT TO THE GOVERNOR, MEMBERS OF THE GENERAL ASSEMBLY, ATTORNEY GENERAL, JUDGES, STATE'S ATTORNEYS, OFFICERS OF THE DEPARTMENT, OR LICENSED ATTORNEYS AT LAW SHALL BE FORWARDED AT ONCE TO THE PERSONS TO WHOM THEY ARE ADDRESSED WITHOUT EXAMINATION BY FACILITY PERSONNEL. LETTERS IN REPLY FROM THE OFFICIALS AND ATTORNEYS MENTIONED ABOVE SHALL BE DELIVERED TO THE RECIPIENT WITHOUT EXAMINATION BY FACILITY PERSONNEL. (6)
- h) ANY EMPLOYEE OR AGENT OF A PUBLIC AGENCY, ANY REPRESENTATIVE OF A COMMUNITY LEGAL SERVICES PROGRAM OR ANY MEMBER OF A COMMUNITY ORGANIZATION SHALL BE PERMITTED ACCESS AT REASONABLE HOURS TO ANY INDIVIDUAL RESIDENT OF ANY FACILITY, IF THE PURPOSE OF SUCH AGENCY, PROGRAM OR ORGANIZATION INCLUDES RENDERING ASSISTANCE TO RESIDENTS WITHOUT CHARGE, BUT ONLY IF THERE IS NEITHER A COMMERCIAL PURPOSE NOR AFFECT TO SUCH ACCESS AND IF THE PURPOSE IS TO DO ANY OTHER THE FOLLOWING:

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## Section 330.4250(h) (continued)

- 1) VISIT, TALK WITH AND MAKE PERSONAL, SOCIAL, AND LEGAL SERVICES AVAILABLE TO ALL RESIDENTS; {6}
- 2) INFORM RESIDENTS OF THEIR RIGHTS AND ENTITLEMENTS AND THEIR CORRESPONDING OBLIGATIONS, UNDER FEDERAL AND STATE LAWS, BY MEANS OF EDUCATIONAL MATERIALS AND DISCUSSIONS IN GROUPS AND WITH INDIVIDUAL RESIDENTS; {6}
- 3) ASSIST RESIDENTS IN ASSERTING THEIR LEGAL RIGHTS REGARDING CLAIMS FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SOCIAL SECURITY BENEFITS AS WELL AS IN ALL OTHER MATTERS IN WHICH RESIDENTS ARE AGGRIEVED. ASSISTANCE MAY INCLUDE COUNSELING AND LITIGATION; OR {6}
- 4) ENGAGE IN OTHER METHODS OF ASSERTING, ADVISING AND REPRESENTING RESIDENTS SO AS TO EXTEND TO THEM FULL ENJOYMENT OF THEIR RIGHTS. {6}
- i) NO VISITOR SHALL ENTER THE IMMEDIATE LIVING AREA OF ANY RESIDENT WITHOUT FIRST IDENTIFYING HIMSELF AND THEN RECEIVING PERMISSION FROM THE RESIDENT TO ENTER. THE RIGHTS OF OTHER RESIDENTS PRESENT IN THE ROOM SHALL BE RESPECTED. (B-6)
- j) A RESIDENT MAY TERMINATE AT ANY TIME A VISIT BY A PERSON HAVING ACCESS TO THE RESIDENT'S LIVING AREA. {6}

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4260 Resident's Funds  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO MANAGE HIS OWN FINANCIAL AFFAIRS UNLESS HE OR HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT, AUTHORIZES THE ADMINISTRATOR OF THE FACILITY IN WRITING TO MANAGE SUCH RESIDENT'S FINANCIAL AFFAIRS UNDER SUBSECTIONS (b) THROUGH (n) OF THIS SECTION. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-102)
- b) THE FACILITY SHALL AT THE TIME OF ADMISSION, PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN STATEMENT EXPLAINING THE RESIDENT'S RIGHTS REGARDING PERSONAL FUNDS AND LISTING THE SERVICES FOR WHICH

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## Section 330.4260(b) (continued)

- THE RESIDENT WILL BE CHARGED, AND OBTAIN A SIGNED ACKNOWLEDGEMENT FROM EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, AND THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, THAT SUCH PERSON HAS RECEIVED THE STATEMENT. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(1))
- c) THE FACILITY MAY ACCEPT FUNDS FROM A RESIDENT FOR SAFEEKEEPING AND MANAGING, IF IT RECEIVES WRITTEN AUTHORIZATION FROM, IN ORDER OF PRIORITY, THE RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY; SUCH AUTHORIZATION SHALL BE ATTESTED TO BY A WITNESS WHO HAS NO PECUNIARY INTEREST IN THE FACILITY OR ITS OPERATIONS, AND WHO IS NOT CONNECTED IN ANY WAY TO FACILITY PERSONNEL OR THE ADMINISTRATOR IN ANY MANNER WHATSOEVER. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(2))
  - d) THE FACILITY SHALL MAINTAIN AND ALLOW, IN ORDER OF PRIORITY, EACH RESIDENT OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, ACCESS TO A WRITTEN RECORD OF ALL FINANCIAL ARRANGEMENTS AND TRANSACTIONS INVOLVING THE INDIVIDUAL RESIDENT'S FUNDS. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(3))
  - e) THE FACILITY SHALL PROVIDE, IN ORDER OF PRIORITY, EACH RESIDENT, OR THE RESIDENT'S GUARDIAN, IF ANY, OR THE RESIDENT'S REPRESENTATIVE, IF ANY, OR THE RESIDENT'S IMMEDIATE FAMILY MEMBER, IF ANY, WITH A WRITTEN ITEMIZED STATEMENT AT LEAST QUARTERLY, OF ALL FINANCIAL TRANSACTIONS INVOLVING THE RESIDENT'S FUNDS. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(4))
  - f) THE FACILITY SHALL PURCHASE A SURETY BOND TO GUARANTEE THE FACILITY OF RESIDENT'S FUNDS. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(5))
  - g) THE FACILITY SHALL KEEP ANY FUNDS RECEIVED FROM A RESIDENT FOR SAFEEKEEPING IN AN ACCOUNT SEPARATE FROM THE FACILITY'S FUNDS, AND SHALL AT NO TIME WITHDRAW ANY PART OR ALL OF SUCH FUNDS FOR ANY PURPOSE OTHER THAN TO RETURN THE FUNDS TO THE RESIDENT UPON THE REQUEST OF THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH REQUEST, TO PAY THE RESIDENT HIS ALLOWANCE, OR TO MAKE ANY OTHER PAYMENT AUTHORIZED BY THE RESIDENT OR ANY OTHER PERSON ENTITLED TO MAKE SUCH AUTHORIZATION. {6} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(6))
  - h) THE FACILITY SHALL DEPOSIT ANY FUNDS RECEIVED FROM A RESIDENT IN



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## Section 330.4260(h) (continued)

## Section 330.4260(n) (continued)

EXCESS OF \$100 IN AN INTEREST BEARING ACCOUNT INSURED BY AGENCIES OF, OR CORPORATIONS CHARTERED BY, THE STATE OR FEDERAL GOVERNMENT. THE ACCOUNT SHALL BE IN A FORM WHICH CLEARLY INDICATES THAT THE FACILITY HAS ONLY A FIDUCIARY INTEREST IN THE FUNDS AND ANY INTEREST FROM THE ACCOUNT SHALL ACCRUE TO THE RESIDENT. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))

- i) THE FACILITY MAY KEEP UP TO \$100 OF A RESIDENT'S MONEY IN A NON-INTEREST BEARING ACCOUNT OR PETTY CASH FUND, TO BE READILY AVAILABLE FOR THE RESIDENT'S CURRENT EXPENDITURES. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(7))
- j) THE FACILITY SHALL RETURN TO THE RESIDENT, OR THE PERSON WHO EXECUTED THE WRITTEN AUTHORIZATION REQUIRED IN SUBSECTION (c) OF THIS SECTION, UPON WRITTEN REQUEST, ALL OR ANY PART OF THE RESIDENT'S FUNDS GIVEN THE FACILITY FOR SAFEKEEPING, INCLUDING THE INTEREST ACCRUED FROM DEPOSITS. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(8))
- k) THE FACILITY SHALL PLACE ANY MONTHLY ALLOWANCE TO WHICH A RESIDENT IS ENTITLED IN THAT RESIDENT'S PERSONAL ACCOUNT, OR GIVE IT TO THE RESIDENT, UNLESS THE FACILITY HAS WRITTEN AUTHORIZATION FROM THE RESIDENT OR THE RESIDENT'S GUARDIAN, OR IF THE RESIDENT IS A MINOR, HIS PARENT, TO HANDLE IT DIFFERENTLY. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(9))
- l) UNLESS OTHERWISE PROVIDED BY STATE LAW, THE FACILITY SHALL UPON THE DEATH OF A RESIDENT PROVIDE THE EXECUTOR OR ADMINISTRATOR OF THE RESIDENT'S ESTATE WITH A COMPLETE ACCOUNTING OF ALL THE RESIDENT'S PERSONAL PROPERTY, INCLUDING ANY FUNDS OF THE RESIDENT BEING HELD BY THE FACILITY. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(10))
- m) IF AN ADULT RESIDENT IS INCAPABLE OF MANAGING HIS FUNDS AND DOES NOT HAVE A RESIDENT'S REPRESENTATIVE, GUARDIAN, OR AN IMMEDIATE FAMILY MEMBER THE FACILITY SHALL NOTIFY THE OFFICE OF THE STATE GUARDIAN OF THE GUARDIANSHIP AND ADVOCACY COMMISSION. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(11))
- n) IF THE FACILITY IS SOLD, THE SELLER SHALL PROVIDE THE BUYER WITH A WRITTEN VERIFICATION BY A PUBLIC ACCOUNTANT OF ALL RESIDENTS' MONIES AND PROPERTIES BEING TRANSFERRED, AND OBTAIN A SIGNED RECEIPT FROM

THE NEW OWNER. (6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4152-201(12))

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

Section 330.4270 Residents' Advisory Council  
EMERGENCY

Each resident shall have the right to participate in a residents' advisory council as indicated in Section 330.740(a) through (1). (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4280 Contract With Facility  
EMERGENCY

Each resident shall have the right to contract with the facility as indicated in Section 330.730(a) through (s). (6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

Section 330.4290 Private Right of Action  
EMERGENCY

- a) EACH RESIDENT SHALL HAVE THE RIGHT TO MAINTAIN A PRIVATE RIGHT OF ACTION AGAINST A FACILITY AS DESCRIBED IN Section 330.4290 (b) through (i), below.
- b) THE OWNER AND LICENSEE OF A FACILITY ARE LIABLE TO A RESIDENT FOR ANY INTENTIONAL OR NEGLIGENT ACT OR OMISSION OF THEIR AGENTS OR EMPLOYEES WHICH INJURES THE RESIDENT.
- c) THE LICENSEE SHALL PAY 3 TIMES THE ACTUAL DAMAGES, OR \$500, WHICHEVER IS GREATER, AND COSTS AND ATTORNEY'S FEES TO A FACILITY RESIDENT WHOSE RIGHTS AS SPECIFIED IN PART I OF ARTICLE II OF THE ACT ARE VIOLATED.
- d) A RESIDENT MAY MAINTAIN AN ACTION UNDER THIS ACT AND THESE RULES FOR ANY OTHER TYPE OF RELIEF, INCLUDING INJUNCTIVE AND DECLARATORY



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## Section 330.4290(d) (continued)

## RELIEF, PERMITTED BY LAW.

- e) ANY DAMAGES RECOVERABLE UNDER SECTION 330.4290 (b) THROUGH (i), INCLUDING MINIMUM DAMAGES AS PROVIDED BY THESE RULES, MAY BE RECOVERED IN ANY ACTION WHICH A COURT MAY AUTHORIZE TO BE BROUGHT AS A CLASS ACTION PURSUANT TO THE CIVIL PRACTICE LAW (111. Rev. Stat. 1983, ch. 110, pars. 2-101 et seq.). THE REMEDIES PROVIDED IN SECTION 330.4290 (b) THROUGH (i) ARE IN ADDITION TO AND CUMULATIVE WITH ANY OTHER LEGAL REMEDIES AVAILABLE TO A RESIDENT. EXHAUSTION OF ANY AVAILABLE ADMINISTRATIVE REMEDIES SHALL NOT BE REQUIRED PRIOR TO COMMENCEMENT OF A SUIT HEREUNDER.

- f) THE AMOUNT OF DAMAGES RECOVERED BY A RESIDENT IN AN ACTION BROUGHT UNDER SECTION 330.4290 (b) THROUGH (i) SHALL BE EXEMPT FOR PURPOSES OF DETERMINING INITIAL OR CONTINUING ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER THE ILLINOIS PUBLIC AID CODE (111. Rev. Stat. 1983, ch. 23, pars. 1-1 et seq.), AS NOW OR HEREAFTER AMENDED, AND SHALL NEITHER BE TAKEN INTO CONSIDERATION NOR REQUIRED TO BE APPLIED TOWARD THE PAYMENT OR PARTIAL PAYMENT OF THE COST OF MEDICAL CARE OR SERVICES AVAILABLE UNDER THE ILLINOIS PUBLIC AID CODE.

- g) ANY WAIVER BY A RESIDENT OR HIS LEGAL REPRESENTATIVE OF THE RIGHT TO COMMENCE AN ACTION UNDER SECTION 330.4290 (b) THROUGH (i), WHETHER ORAL OR IN WRITING, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

- h) ANY PARTY TO AN ACTION BROUGHT UNDER SECTION 330.4290 (b) THROUGH (i) SHALL BE ENTITLED TO A TRIAL BY JURY AND ANY WAIVER OF THE RIGHT TO A TRIAL BY JURY, WHETHER ORAL OR IN WRITING, PRIOR TO THE COMMENCEMENT OF AN ACTION, SHALL BE NULL AND VOID, AND WITHOUT LEGAL FORCE OR EFFECT.

- i) A LICENSEE OR ITS AGENTS OR EMPLOYEES SHALL NOT TRANSFER, DISCHARGE, EVICT, HARASS, DISMISS, OR RETALIATE AGAINST A RESIDENT, A RESIDENT'S REPRESENTATIVE, OR AN EMPLOYEE OR AGENT WHO MAKES A REPORT OF RESIDENT ABUSE OR NEGLECT, BRINGS OR TESTIFIES IN A PRIVATE RIGHT OF ACTION, OR FILES A COMPLAINT, BECAUSE OF THE SUCH ACTION OR TESTIMONY. (B-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

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Section 330.4300 Transfer and/or Discharge  
EMERGENCY

- a) A RESIDENT MAY BE VOLUNTARILY DISCHARGED FROM A FACILITY AFTER HE GIVES THE ADMINISTRATOR, A PHYSICIAN, OR A NURSE OF THE FACILITY WRITTEN NOTICE OF HIS DESIRE TO BE DISCHARGED. IF A GUARDIAN HAS BEEN APPOINTED FOR A RESIDENT OR IF THE RESIDENT IS A MINOR, THE RESIDENT SHALL BE DISCHARGED UPON WRITTEN CONSENT OF HIS GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT UNLESS THERE IS A COURT ORDER TO THE CONTRARY. IN SUCH CASES, UPON THE RESIDENT'S DISCHARGE, THE FACILITY IS RELIEVED FROM ANY RESPONSIBILITY FOR THE RESIDENT'S CARE, SAFETY OR WELL-BEING. (6) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4152-111)

- b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsections (c) through (y) of this Section.

## c) Reasons for Transfer or Discharge

- 1) A FACILITY MAY INVOLUNTARY TRANSFER OR DISCHARGE A RESIDENT ONLY FOR ONE OR MORE OF THE FOLLOWING REASONS: SHALL-NOT INVOLUNTARILY-TRANSFER-OR-DISCHARGE-A-RESIDENT-EXCEPT

- A) FOR MEDICAL REASONS. ‡  
B) FOR THE RESIDENT'S PHYSICAL SAFETY. OR  
C) FOR THE PHYSICAL SAFETY OF OTHER RESIDENTS, THE FACILITY STAFF OR FACILITY VISITORS. ‡-OR  
D) FOR EITHER LATE PAYMENT OR NONPAYMENT FOR THE RESIDENT'S STAY, EXCEPT AS PROHIBITED BY TITLE XVIII AND XIX OF THE FEDERAL SOCIAL SECURITY ACT. FOR PURPOSES OF THIS SECTION "LATE PAYMENT" MEANS NON-RECEIPT OF PAYMENT AFTER SUBMISSION OF A BILL. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS AFTER SUBMISSION OF A BILL, THE FACILITY MAY SEND A NOTICE TO THE RESIDENT AND RESPONSIBLE PARTY REQUESTING PAYMENT WITHIN 30 DAYS. IF PAYMENT IS NOT RECEIVED WITHIN SUCH 30 DAYS, THE FACILITY MAY THEREUPON INSTITUTE TRANSFER OR DISCHARGE PROCEEDINGS BY SENDING A NOTICE OF TRANSFER TO THE RESIDENT AND RESPONSIBLE PARTY BY REGISTERED OR CERTIFIED MAIL. THE NOTICE SHALL STATE, IN ADDITION TO THE REQUIREMENTS OF SECTION 3-403 OF THE ACT and subsection (e) of this Section, THAT THE RESPONSIBLE PARTY HAS THE RIGHT TO PAY THE AMOUNT OF THE BILL IN FULL UP TO THE DATE THE TRANSFER OR DISCHARGE IS TO BE MADE AT

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## Section 330.4300(c)(1)(D) (continued)

## Section 330.4300(e) (continued)

THEN THE RESIDENT SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. SUCH PAYMENT SHALL TERMINATE THE TRANSFER OR DISCHARGE PROCEEDINGS. THIS SUBSECTION DOES NOT APPLY TO THOSE RESIDENTS WHOSE CARE IS PROVIDED UNDER THE ILLINOIS PUBLIC AID CODE. (8;6) (Ill. Rev. Stat. 1987-1985, ch. 111 1/2, par. 4153-401)

2) Prohibition of Discrimination

†† A) A FACILITY PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM IS PROHIBITED FROM FAILING OR REFUSING TO RETAIN AS A RESIDENT ANY PERSON BECAUSE THE RESIDENT IS A RECIPIENT OF OR AN APPLICANT FOR THE MEDICAL ASSISTANCE PROGRAM. FOR THE PURPOSES OF THIS SECTION, A RECIPIENT OR APPLICANT SHALL BE CONSIDERED A RESIDENT IN THE FACILITY DURING ANY HOSPITAL STAY TOTALING TEN DAYS OR LESS FOLLOWING A HOSPITAL ADMISSION. The day on which a resident is discharged from the facility and admitted to the hospital shall be considered the first day of the ten-day period. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(a)).

2) B) A FACILITY WHICH VIOLATES SUBSECTION (c)(2)(A) †† OF THIS SECTION SHALL BE GUILTY OF A BUSINESS OFFENSE AND FINED NOT LESS THAN \$500 NOR MORE THAN \$1,000 FOR THE FIRST OFFENSE AND NOT LESS THAN \$1,000 NOR MORE THAN \$5,000 FOR EACH SUBSEQUENT OFFENSE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-401.1(b))

d) INVOLUNTARY TRANSFER OR DISCHARGE OF A RESIDENT FROM A FACILITY SHALL BE PRECEDED BY THE DISCUSSION REQUIRED UNDER SUBSECTION (J) OF THIS SECTION AND BY A MINIMUM WRITTEN NOTICE OF 21 DAYS. THE 21-DAY REQUIREMENT SHALL NOT APPLY IN ANY OF THE FOLLOWING INSTANCES:

1) WHEN AN EMERGENCY TRANSFER OR DISCHARGE IS MANDATED BY THE RESIDENT'S HEALTH CARE NEEDS AND IS IN ACCORD WITH THE WRITTEN ORDERS AND MEDICAL JUSTIFICATION OF THE ATTENDING PHYSICIAN; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(a))

2) WHEN THE TRANSFER OR DISCHARGE IS MANDATED BY THE PHYSICAL SAFETY OF OTHER RESIDENTS AS DOCUMENTED IN THE CLINICAL RECORD. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-402(b))

e) THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE ON A FORM PRESCRIBED BY THE DEPARTMENT AND SHALL CONTAIN ALL OF THE FOLLOWING:

1) HL STATED REASON FOR THE PROPOSED TRANSFER OR DISCHARGE; †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(a))

2) THE PROPOSED DATE OF THE PROPOSED TRANSFER OR DISCHARGE; †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(b))

3) A STATEMENT NOT LESS THAN 12-POINT TYPE, WHICH READS: "YOU HAVE A RIGHT TO APPEAL THE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK YOU SHOULD NOT HAVE TO LEAVE THIS FACILITY, YOU MAY FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT OF PUBLIC HEALTH WITHIN 10 DAYS AFTER RECEIVING THIS NOTICE. IF YOU REQUEST A HEARING, IT WILL BE HELD NOT LATER THAN TEN (10) DAYS AFTER YOUR REQUEST, AND YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED DURING THAT TIME. IF THE DECISION FOLLOWING THE HEARING IS NOT IN YOUR FAVOR, YOU GENERALLY WILL NOT BE TRANSFERRED OR DISCHARGED PRIOR TO THE EXPIRATION OF 30 DAYS FOLLOWING RECEIPT OF THE ORIGINAL NOTICE OF THE TRANSFER OR DISCHARGE. A FORM TO APPEAL THE FACILITY'S DECISION AND TO REQUEST A HEARING IS ATTACHED. IF YOU HAVE ANY QUESTIONS, CALL THE DEPARTMENT OF PUBLIC HEALTH AT THE TELEPHONE NUMBER LISTED BELOW." †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(c))

4) A HEARING REQUEST FORM, TOGETHER WITH A POSTAGE PAID, PREADDRESSED ENVELOPE TO THE DEPARTMENT; AND †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(d))

5) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON CHARGED WITH THE RESPONSIBILITY OF SUPERVISING THE TRANSFER OR DISCHARGE. †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-403(e))

f) A REQUEST FOR A HEARING MADE UNDER SUBSECTION (e) OF THIS SECTION SHALL STAY A TRANSFER PENDING A HEARING OR APPEAL OF THE DECISION, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-404)

g) A COPY OF THE NOTICE REQUIRED BY SUBSECTION (d) OF THIS SECTION SHALL BE PLACED IN THE RESIDENT'S CLINICAL RECORD AND A COPY SHALL BE TRANSMITTED TO THE DEPARTMENT, THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, AND, IF THE RESIDENT'S CARE IS PAID FOR IN WHOLE OR PART THROUGH TITLE XIX, TO THE DEPARTMENT OF PUBLIC AID. †† (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-405)



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## Section 330.4300 (continued)

- h) WHEN THE BASIS FOR AN INVOLUNTARY TRANSFER OR DISCHARGE IS THE RESULT OF AN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO A RECIPIENT OF TITLE XIX AND A HEARING REQUEST IS FILED WITH THE DEPARTMENT OF PUBLIC AID, THE 21-DAY WRITTEN NOTICE PERIOD SHALL NOT BEGIN UNTIL A FINAL DECISION IN THE MATTER IS RENDERED BY THE DEPARTMENT OF PUBLIC AID OR A COURT OF COMPETENT JURISDICTION AND NOTICE OF THAT FINAL DECISION IS RECEIVED BY THE RESIDENT AND THE FACILITY. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-406)
- i) WHEN NONPAYMENT IS THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE, THE RESIDENT SHALL HAVE THE RIGHT TO REDEEM UP TO THE DATE THAT THE DISCHARGE OR TRANSFER IS TO BE MADE AND THEN SHALL HAVE THE RIGHT TO REMAIN IN THE FACILITY. {e} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-407)
- j) THE PLANNED INVOLUNTARY TRANSFER OR DISCHARGE SHALL BE DISCUSSED WITH THE RESIDENT, THE RESIDENT'S REPRESENTATIVE AND PERSON OR AGENCY RESPONSIBLE FOR THE RESIDENT'S PLACEMENT, MAINTENANCE, AND CARE IN THE FACILITY. THE EXPLANATION AND DISCUSSION OF THE REASONS FOR INVOLUNTARY TRANSFER OR DISCHARGE SHALL INCLUDE THE FACILITY ADMINISTRATOR OR OTHER APPROPRIATE FACILITY REPRESENTATIVE AS THE ADMINISTRATOR'S DESIGNEE. THE CONTENT OF THE DISCUSSION AND EXPLANATION SHALL BE SUMMARIZED IN WRITING AND SHALL INCLUDE THE NAMES OF THE INDIVIDUALS INVOLVED IN THE DISCUSSIONS AND MADE A PART OF THE RESIDENT'S CLINICAL RECORD. {e} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-408)
- k) THE FACILITY SHALL OFFER THE RESIDENT COUNSELING SERVICES BEFORE THE TRANSFER OR DISCHARGE OF THE RESIDENT. {e} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-409)
- l) A RESIDENT SUBJECT TO INVOLUNTARY TRANSFER OR DISCHARGE FROM A FACILITY, THE RESIDENT'S GUARDIAN OR IF THE RESIDENT IS A MINOR, HIS PARENT SHALL HAVE THE OPPORTUNITY TO FILE A REQUEST FOR A HEARING WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING RECEIPT OF THE WRITTEN NOTICE OF THE INVOLUNTARY TRANSFER OR DISCHARGE BY THE FACILITY. {c} (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-410)
- m) THE DEPARTMENT OF PUBLIC HEALTH, WHEN THE BASIS FOR INVOLUNTARY TRANSFER OR DISCHARGE IS OTHER THAN ACTION BY THE DEPARTMENT OF PUBLIC AID WITH RESPECT TO THE TITLE XIX MEDICAID RECIPIENT, SHALL HOLD A HEARING AT THE RESIDENT'S FACILITY NOT LATER THAN TEN (10) DAYS AFTER A HEARING REQUEST IS FILED, AND RENDER A DECISION WITHIN 14 DAYS AFTER THE FILING OF THE HEARING REQUEST. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-411)

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## Section 330.4300 (continued)

- n) THE HEARING BEFORE THE DEPARTMENT PROVIDED UNDER SUBSECTION (m) OF THIS SECTION SHALL BE CONDUCTED AS DESCRIBED UNDER SECTIONS 3-703 THRU 3-712 OF THE ACT (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703 through 4153-712). IN DETERMINING WHETHER A TRANSFER OR DISCHARGE IS AUTHORIZED, THE BURDEN OF PROOF IN THIS HEARING RESTS ON THE PERSON REQUESTING THE TRANSFER OR DISCHARGE. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-412)
- o) IF THE DEPARTMENT DETERMINES THAT A TRANSFER OR DISCHARGE IS AUTHORIZED UNDER SUBSECTION (c) OF THIS SECTION, THE RESIDENT SHALL NOT BE REQUIRED TO LEAVE THE FACILITY BEFORE THE 34th DAY FOLLOWING RECEIPT OF THE NOTICE REQUIRED UNDER SUBSECTION (d) OF THIS SECTION, OR THE 10TH DAY FOLLOWING RECEIPT OF THE DEPARTMENT'S DECISION, WHICHEVER IS LATER, UNLESS A CONDITION WHICH WOULD HAVE ALLOWED TRANSFER OR DISCHARGE IN LESS THAN 21 DAYS AS DESCRIBED UNDER SUBSECTIONS (d)(1) AND (2) OF THIS SECTION DEVELOPS IN THE INTERIM. (B-6) (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-413)
- p) THE DEPARTMENT OF PUBLIC AID SHALL CONTINUE TITLE XIX MEDICAID FUNDING DURING THE APPEAL, TRANSFER, OR DISCHARGE PERIOD FOR THOSE RESIDENTS WHO ARE TITLE XIX RECIPIENTS AFFECTED BY SUBSECTION (c) OF THIS SECTION. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-414)
- q) THE DEPARTMENT MAY TRANSFER OR DISCHARGE ANY RESIDENT FROM ANY FACILITY REQUIRED TO BE LICENSED UNDER THIS ACT WHEN ANY OF THE FOLLOWING CONDITIONS EXIST:
- 1) SUCH FACILITY IS OPERATING WITHOUT A LICENSE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(a))
  - 2) THE DEPARTMENT HAS SUSPENDED, REVOKED OR REFUSED TO RENEW THE LICENSE OF THE FACILITY AS PROVIDED UNDER SECTION 3-119 OF THE ACT. (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(b))
  - 3) THE FACILITY HAS REQUESTED THE AID OF THE DEPARTMENT IN THE TRANSFER OR DISCHARGE OF THE RESIDENT AND THE DEPARTMENT FINDS THAT THE RESIDENT CONSENTS TO TRANSFER OR DISCHARGE; (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(c))
  - 4) THE FACILITY IS CLOSING OR INTENDS TO CLOSE AND ADEQUATE ARRANGEMENT FOR RELOCATION OF THE RESIDENT HAS NOT BEEN MADE AT LEAST 30 DAYS PRIOR TO CLOSURE; OR (Ill. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(d))
  - 5) THE DEPARTMENT DETERMINES THAT AN EMERGENCY EXISTS WHICH



## Section 330.4300(q)(5) (continued)

REQUIRES IMMEDIATE TRANSFER OR DISCHARGE OF THE RESIDENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-415(e))

r) IN DECIDING TO TRANSFER OR DISCHARGE A RESIDENT FROM A FACILITY UNDER SUBSECTION (q) OF THIS SECTION, THE DEPARTMENT SHALL CONSIDER THE LIKELIHOOD OF SERIOUS HARM WHICH MAY RESULT IF THE RESIDENT REMAINS IN THE FACILITY. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-416)

s) THE DEPARTMENT SHALL OFFER TRANSFER OR DISCHARGE AND RELOCATION ASSISTANCE TO RESIDENTS TRANSFERRED OR DISCHARGED UNDER SUBSECTIONS (c) THROUGH (q) OF THIS SECTION INCLUDING INFORMATION ON AVAILABLE ALTERNATIVE PLACEMENTS. RESIDENTS SHALL BE INVOLVED IN PLANNING THE TRANSFER OR DISCHARGE AND SHALL CHOOSE AMONG THE AVAILABLE ALTERNATIVE PLACEMENTS, EXCEPT THAT WHERE AN EMERGENCY MAKES PRIOR RESIDENT INVOLVEMENT IMPOSSIBLE, THE DEPARTMENT MAY MAKE A TEMPORARY PLACEMENT UNTIL A FINAL PLACEMENT CAN BE ARRANGED. RESIDENTS MAY CHOOSE THEIR FINAL ALTERNATIVE PLACEMENT AND SHALL BE GIVEN ASSISTANCE IN TRANSFERRING TO SUCH PLACE. NO RESIDENT MAY BE FORCED TO REMAIN IN A TEMPORARY OR PERMANENT PLACEMENT. WHERE THE DEPARTMENT MAKES OR PARTICIPATES IN MAKING THE RELOCATION DECISION, CONSIDERATION SHALL BE GIVEN TO PROXIMITY TO THE RESIDENT'S RELATIVES AND FRIENDS. THE RESIDENT SHALL BE ALLOWED 3 VISITS TO POTENTIAL ALTERNATIVE PLACEMENTS PRIOR TO REMOVAL, EXCEPT WHERE MEDICALLY CONTRAINDICATED OR WHERE THE NEED FOR IMMEDIATE TRANSFER OR DISCHARGE REQUIRES REDUCTION IN THE NUMBER OF VISITS. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-417)

t) THE DEPARTMENT SHALL PREPARE RESIDENT TRANSFER OR DISCHARGE PLANS TO ASSURE SAFE AND ORDERLY REMOVALS AND PROTECT RESIDENTS' HEALTH, SAFETY, WELFARE AND RIGHTS. IN NONEMERGENCIES AND WHERE POSSIBLE IN EMERGENCIES, THE DEPARTMENT SHALL DESIGN AND IMPLEMENT SUCH PLANS IN ADVANCE OF TRANSFER OR DISCHARGE. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-418)

u) THE DEPARTMENT MAY PLACE RELOCATION TEAMS IN ANY FACILITY FROM WHICH RESIDENTS ARE BEING DISCHARGED OR TRANSFERRED FOR ANY REASON, FOR THE PURPOSE OF IMPLEMENTING TRANSFER OR DISCHARGE PLANS. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-419)

v) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTIONS (q) THROUGH (t) OF THIS SECTION THE DEPARTMENT SHALL:

1) PROVIDE WRITTEN NOTICE TO THE FACILITY PRIOR TO THE TRANSFER OR DISCHARGE. THE NOTICE SHALL STATE THE BASIS FOR THE ORDER OF TRANSFER OR DISCHARGE AND SHALL INFORM THE FACILITY OF ITS RIGHT

## Section 330.4300(v)(1) (continued)

TO AN INFORMAL CONFERENCE PRIOR TO TRANSFER OR DISCHARGE UNDER THIS SECTION, AND ITS RIGHT TO A SUBSEQUENT HEARING UNDER SUBSECTION (x) OF THIS SECTION. IF A FACILITY DESIRES TO CONTEST A NONEMERGENCY TRANSFER OR DISCHARGE, PRIOR TO TRANSFER OR DISCHARGE IT SHALL, WITHIN FOUR (4) WORKING DAYS AFTER RECEIPT OF THE NOTICE, SEND A WRITTEN REQUEST FOR AN INFORMAL CONFERENCE TO THE DEPARTMENT. THE DEPARTMENT SHALL, WITHIN FOUR (4) WORKING DAYS FROM THE RECEIPT OF THE REQUEST, HOLD AN INFORMAL CONFERENCE IN THE COUNTY IN WHICH THE FACILITY IS LOCATED. FOLLOWING THIS CONFERENCE, THE DEPARTMENT MAY AFFIRM, MODIFY OR OVERRULE ITS PREVIOUS DECISION. EXCEPT IN AN EMERGENCY, TRANSFER OR DISCHARGE MAY NOT BEGIN UNTIL THE PERIOD FOR REQUESTING A CONFERENCE HAS PASSED OR, IF A CONFERENCE IS REQUESTED, UNTIL AFTER A CONFERENCE HAS BEEN HELD; AND (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(a))

2) PROVIDE WRITTEN NOTICE TO ANY RESIDENT TO BE REMOVED, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, PRIOR TO THE REMOVAL. THE NOTICE SHALL STATE THE REASON FOR WHICH TRANSFER OR DISCHARGE IS ORDERED AND SHALL INFORM THE RESIDENT OF THE RESIDENT'S RIGHT TO CHALLENGE THE TRANSFER OR DISCHARGE UNDER SUBSECTION (x) OF THIS SECTION. THE DEPARTMENT SHALL HOLD AN INFORMAL CONFERENCE WITH THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE PRIOR TO TRANSFER OR DISCHARGE AT WHICH THE RESIDENT OR THE REPRESENTATIVE MAY PRESENT ANY OBJECTIONS TO THE PROPOSED TRANSFER OR DISCHARGE PLAN OR ALTERNATIVE PLACEMENT. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-420(b))

w) IN ANY TRANSFER OR DISCHARGE CONDUCTED UNDER SUBSECTION (q)(5) OF THIS SECTION, THE DEPARTMENT SHALL NOTIFY THE FACILITY AND ANY RESIDENT TO BE REMOVED THAT AN EMERGENCY HAS BEEN FOUND TO EXIST AND REMOVAL HAS BEEN ORDERED, AND SHALL INVOLVE THE RESIDENTS IN REMOVAL PLANNING IF POSSIBLE. FOLLOWING EMERGENCY REMOVAL, THE DEPARTMENT SHALL PROVIDE WRITTEN NOTICE TO THE FACILITY, TO THE RESIDENT, TO THE RESIDENT'S REPRESENTATIVE, IF ANY, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE, OF THE BASIS FOR THE FINDING THAT AN EMERGENCY EXISTED AND OF THE RIGHT TO CHALLENGE REMOVAL UNDER SUBSECTION (x) OF THIS SECTION. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-421)

x) WITHIN 10 DAYS FOLLOWING TRANSFER OR DISCHARGE, THE FACILITY OR ANY RESIDENT TRANSFERRED OR DISCHARGED MAY SEND A WRITTEN REQUEST TO THE DEPARTMENT FOR A HEARING UNDER SECTION 3-703 OF THE ACT (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-703) TO CHALLENGE THE TRANSFER OR

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Section 330.4300(x) (continued)

DISCHARGE. THE DEPARTMENT SHALL HOLD THE HEARING WITHIN 30 DAYS OF RECEIPT OF THE REQUEST. WHERE A CHALLENGE IS BY A RESIDENT, THE HEARING SHALL BE HELD AT A LOCATION CONVENIENT TO THE RESIDENT. IF THE FACILITY PREVAILS, IT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" FOR PAYMENTS LOSS LESS EXPENSES SAVED AS A RESULT OF THE TRANSFER OR DISCHARGE. NO RESIDENT TRANSFERRED OR DISCHARGED MAY BE HELD LIABLE FOR THE CHARGE FOR CARE WHICH WOULD HAVE BEEN MADE HAD THE RESIDENT REMAINED IN THE FACILITY. IF A RESIDENT PREVAILS, THE RESIDENT MAY FILE A CLAIM AGAINST THE STATE UNDER THE "COURT OF CLAIMS ACT" (111. Rev. Stat. 1985, ch. 37, pars. 439.1 et seq.) FOR ANY EXCESS EXPENSES DIRECTLY CAUSED BY THE ORDER TO TRANSFER OR DISCHARGE. THE DEPARTMENT SHALL ASSIST THE RESIDENT IN RETURNING TO THE FACILITY IF ASSISTANCE IS REQUESTED. (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-422)

- y) ANY OWNER OF A FACILITY LICENSED UNDER THIS ACT SHALL GIVE 90 DAYS NOTICE PRIOR TO VOLUNTARILY CLOSING A FACILITY OR CLOSING ANY PART OF A FACILITY, OR PRIOR TO CLOSING ANY PART OF A FACILITY IF CLOSING SUCH PART WILL REQUIRE THE TRANSFER OR DISCHARGE OF MORE THAN 10% OF THE RESIDENTS. SUCH NOTICE SHALL BE GIVEN TO THE DEPARTMENT, TO ANY RESIDENT WHO MUST BE TRANSFERRED OR DISCHARGED, TO THE RESIDENT'S REPRESENTATIVE, AND TO A MEMBER OF THE RESIDENT'S FAMILY, WHERE PRACTICABLE. NOTICE SHALL STATE THE PROPOSED DATE OF CLOSING AND THE REASON FOR CLOSING. THE FACILITY SHALL OFFER TO ASSIST THE RESIDENT IN SECURING AN ALTERNATIVE PLACEMENT AND SHALL ADVISE THE RESIDENT ON AVAILABLE ALTERNATIVES. WHERE THE RESIDENT IS UNABLE TO CHOOSE AN ALTERNATE PLACEMENT AND IS NOT UNDER GUARDIANSHIP, THE DEPARTMENT SHALL BE NOTIFIED OF THE NEED FOR RELOCATION ASSISTANCE. THE FACILITY SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS UNTIL THE DATE OF CLOSING, INCLUDING THOSE RELATED TO TRANSFER OR DISCHARGE OF RESIDENTS. THE DEPARTMENT MAY PLACE A RELOCATION TEAM IN THE FACILITY AS PROVIDED UNDER SUBSECTION (u) OF THIS SECTION. (A, B; 6) (111. Rev. Stat. 1985, ch. 111 1/2, par. 4153-423)

(Source: Emergency amendment at 12 111. Reg. 1893g effective October 24, 1988, for a maximum of 150 days)

Section 330.4310 Complaint Procedures  
EMERGENCY

- a) A RESIDENT SHALL BE PERMITTED TO PRESENT GRIEVANCES ON BEHALF OF HIMSELF AND OTHERS TO THE ADMINISTRATOR, THE LONG-TERM CARE FACILITY ADVISORY BOARD, THE RESIDENTS' ADVISORY COUNCIL, STATE GOVERNMENTAL AGENCIES OR OTHER PERSONS WITHOUT THREAT OF DISCHARGE OR REPRISAL IN

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Section 330.4310(a) (continued)

- ANY FORM OR MANNER WHATSOEVER. (6-)
- b) THE FACILITY ADMINISTRATOR SHALL PROVIDE ALL RESIDENTS OR THEIR REPRESENTATIVES WITH THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE APPROPRIATE STATE GOVERNMENTAL OFFICE WHERE COMPLAINTS MAY BE LODGED. (6-)
- c) A PERSON WHO BELIEVES THAT THE ACT OR A RULE PROMULGATED UNDER THE ACT MAY HAVE BEEN VIOLATED MAY REQUEST AN INVESTIGATION. THE REQUEST MAY BE SUBMITTED TO THE DEPARTMENT IN WRITING, BY TELEPHONE, OR BY PERSONAL VISIT. AN ORAL COMPLAINT SHALL BE REDUCED TO WRITING BY THE DEPARTMENT.
- d) THE SUBSTANCE OF THE COMPLAINT SHALL BE PROVIDED TO THE LICENSEE, OWNER OR ADMINISTRATOR NO EARLIER THAN AT THE COMMENCEMENT OF THE ON-SITE INSPECTION OF THE FACILITY WHICH TAKES PLACE PURSUANT TO THE COMPLAINT.
- e) THE DEPARTMENT SHALL NOT DISCLOSE THE NAME OF THE COMPLAINANT UNLESS THE COMPLAINANT CONSENTS IN WRITING TO THE DISCLOSURE OR THE INVESTIGATION RESULTS IN A JUDICIAL PROCEEDING, OR UNLESS DISCLOSURE IS ESSENTIAL TO THE INVESTIGATION. THE COMPLAINANT SHALL BE GIVEN THE OPPORTUNITY TO WITHDRAW THE COMPLAINT BEFORE DISCLOSURE. UPON THE REQUEST OF THE COMPLAINANT, THE DEPARTMENT MAY PERMIT THE COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY.
- f) UPON RECEIPT OF A COMPLAINT, THE DEPARTMENT SHALL DETERMINE WHETHER THE ACT OR A RULE PROMULGATED UNDER THE ACT HAS BEEN OR IS BEING VIOLATED. THE DEPARTMENT SHALL INVESTIGATE ALL COMPLAINTS ALLEGING ABUSE OR NEGLECT WITHIN 7 DAYS AFTER THE RECEIPT OF THE COMPLAINT EXCEPT THE COMPLAINTS OF ABUSE OR NEGLECT WHICH INDICATE THAT A RESIDENT'S LIFE OR SAFETY IS IN IMMINENT DANGER SHALL BE INVESTIGATED WITH 24 HOURS AFTER RECEIPT OF THE COMPLAINT. ALL OTHER COMPLAINTS SHALL BE INVESTIGATED WITHIN 30 DAYS AFTER THE RECEIPT OF THE COMPLAINT. ALL COMPLAINTS SHALL BE CLASSIFIED AS "VALID" OR "INVALID". FOR ANY COMPLAINT CLASSIFIED AS "VALID", THE DEPARTMENT MUST DETERMINE WITHIN 30 WORKING DAYS IF ANY RULE OR PROVISION OF THIS ACT HAS BEEN OR IS BEING VIOLATED.
- g) UPON THE REQUEST OF A RESIDENT OR COMPLAINANT, THE DEPARTMENT MAY PERMIT THE RESIDENT OR COMPLAINANT OR A REPRESENTATIVE OF THE COMPLAINANT TO ACCOMPANY THE PERSON MAKING THE ON-SITE INSPECTION OF THE FACILITY PURSUANT TO THE COMPLAINT.



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## Section 330.4310 (continued)

h) IN ALL CASES, THE DEPARTMENT SHALL INFORM THE COMPLAINANT OF ITS FINDINGS WITHIN 10 DAYS OF ITS DETERMINATION UNLESS OTHERWISE INDICATED BY THE COMPLAINANT, AND THE COMPLAINANT MAY DIRECT THE DEPARTMENT TO SEND A COPY OF SUCH FINDINGS TO ANOTHER PERSON. THE DEPARTMENT'S FINDINGS MAY INCLUDE CONTENTS OR DOCUMENTATION PROVIDED BY EITHER THE COMPLAINANT OR THE LICENSEE PERTAINING TO THE COMPLAINT. THE DEPARTMENT SHALL ALSO NOTIFY THE FACILITY OF SUCH FINDINGS WITHIN 10 DAYS OF THE DETERMINATION, BUT THE NAME OF THE COMPLAINANT OR RESIDENTS SHALL NOT BE DISCLOSED IN THIS NOTICE TO THE FACILITY. THE NOTICE OF SUCH FINDINGS SHALL INCLUDE A COPY OF THE WRITTEN DETERMINATION; THE CORRECTION ORDER, IF ANY; THE INSPECTION REPORT; OR THE WARNING NOTICE, IF ANY; AND THE STATE LICENSEURE ON WHICH THE VIOLATION IS LISTED.

i) A WRITTEN DETERMINATION, CORRECTION ORDER, OR WARNING NOTICE CONCERNING A COMPLAINT SHALL BE AVAILABLE FOR PUBLIC INSPECTION, BUT THE NAME OF THE COMPLAINANT OR RESIDENT SHALL NOT BE DISCLOSED WITHOUT HIS CONSENT.

j) A COMPLAINANT WHO IS DISSATISFIED WITH THE DETERMINATION OR INVESTIGATION BY THE DEPARTMENT MAY REQUEST A HEARING UNDER SUBSECTION (k) BELOW. THE FACILITY SHALL BE GIVEN NOTICE OF ANY SUCH HEARING AND MAY PARTICIPATE IN THE HEARING AS A PARTY. IF A FACILITY REQUESTS A HEARING UNDER SUBSECTION (k) BELOW WHICH CONCERNS A MATTER COVERED BY A COMPLAINT, THE COMPLAINANT SHALL BE GIVEN WRITTEN NOTICE AND MAY PARTICIPATE IN THE HEARING AS A PARTY. A REQUEST FOR A HEARING BY EITHER A COMPLAINANT OR A FACILITY SHALL BE SUBMITTED IN WRITING TO THE DEPARTMENT WITHIN 30 DAYS AFTER THE MAILING OF THE DEPARTMENT'S FINDINGS AS DESCRIBED IN SUBSECTION (h) ABOVE. UPON RECEIPT OF THE REQUEST THE DEPARTMENT SHALL CONDUCT A HEARING AS PROVIDED UNDER SUBSECTION (k) ABOVE.

k) ANY PERSON AGGRIEVED BY A DECISION OF THE DEPARTMENT OR A FACILITY RENDERED IN A PARTICULAR CASE WHICH AFFECTS THE LEGAL RIGHTS, DUTIES OR PRIVILEGES CREATED UNDER THIS ACT MAY HAVE SUCH DECISION REVIEWED IN ACCORDANCE WITH SECTIONS 3-703 THRU 3-712 OF THE ACT.

l) WHEN THE DEPARTMENT FINDS THAT A PROVISION OF ARTICLE II OF THE ACT REGARDING RESIDENTS' RIGHTS HAS BEEN VIOLATED WITH REGARD TO A PARTICULAR RESIDENT, THE DEPARTMENT SHALL ISSUE AN ORDER REQUIRING THE FACILITY TO REIMBURSE THE RESIDENT FOR INJURIES INCURRED, OR \$100, WHICHEVER IS GREATER.

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## Section 330.4320 Confidentiality

EMERGENCY

a) THE DEPARTMENT, THE FACILITY AND ALL OTHER PUBLIC OR PRIVATE AGENCIES SHALL RESPECT THE CONFIDENTIALITY OF A RESIDENT'S RECORD AND SHALL NOT DIVULGE OR DISCLOSE THE CONTENTS OF A RECORD IN A MANNER WHICH IDENTIFIES A RESIDENT, EXCEPT UPON A RESIDENT'S DEATH TO A RELATIVE OR GUARDIAN, OR UNDER JUDICIAL PROCEEDINGS. THIS RULE SHALL NOT BE CONSTRUED TO LIMIT THE RIGHT OF A RESIDENT OR A RESIDENT'S REPRESENTATIVE TO INSPECT OR COPY THE RESIDENT'S RECORDS.

b) CONFIDENTIAL MEDICAL, SOCIAL, PERSONAL, OR FINANCIAL INFORMATION IDENTIFYING A RESIDENT SHALL NOT BE AVAILABLE FOR PUBLIC INSPECTION IN A MANNER WHICH IDENTIFIES A RESIDENT. (B7-C)

(Source: Emergency amendment at 12 Ill. Reg. 18939 effective October 24, 1988, for a maximum of 150 days)

## Section 330.4330 Facility Implementation

EMERGENCY

a) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES TO IMPLEMENT THE RESPONSIBILITIES AND RIGHTS PROVIDED IN ARTICLE II OF THE ACT. THE POLICIES SHALL INCLUDE THE PROCEDURE FOR THE INVESTIGATION AND RESOLUTION OF RESIDENT COMPLAINTS UNDER THE ACT. THE POLICIES SHALL BE CLEAR AND UNAMBIGUOUS AND SHALL BE AVAILABLE FOR INSPECTION BY ANY PERSON. A SUMMARY OF THE POLICIES AND PROCEDURES, PRINTED IN NOT LESS THAN 12 POINT TYPE, SHALL BE DISTRIBUTED TO EACH RESIDENT AND REPRESENTATIVE. (6)

b) THE FACILITY SHALL PROVIDE COPIES OF THESE POLICIES AND PROCEDURES UPON REQUEST TO NEXT OF KIN, SPONSORING AGENCIES REPRESENTATIVE PAYEES AND THE PUBLIC. (6)

c) EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT AT THE TIME OF ADMISSION TO A FACILITY OR AS SOON THEREAFTER AS THE CONDITION OF THIS RESIDENT PERMITS. AT THE TIME OF IMPLEMENTATION OF THE ACT EACH RESIDENT SHALL BE GIVEN A WRITTEN SUMMARY OF ALL THE RIGHTS ENUMERATED IN PART I OF ARTICLE II OF THE ACT. IF A RESIDENT IS UNABLE TO READ SUCH WRITTEN SUMMARY, IT SHALL BE READ TO THE RESIDENT IN A LANGUAGE THE RESIDENT UNDERSTANDS. IN THE CASE OF A MINOR OR A PERSON HAVING A GUARDIAN, BOTH THE RESIDENT AND THE PARENT OR GUARDIAN SHALL BE FULLY INFORMED OF THESE RIGHTS AND RESPONSIBILITIES. (6)



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

Section 330.4330 (continued)

- d) THE RESIDENT, RESIDENT'S REPRESENTATIVE, GUARDIAN, OR PARENT OF A MINOR RESIDENT SHALL ACKNOWLEDGE IN WRITING THE RECEIPT FROM THE FACILITY OF A COPY OF ALL RESIDENT RIGHTS SET FORTH IN ARTICLE II OF THE ACT AND A COPY OF ALL FACILITY POLICIES IMPLEMENTING SUCH RIGHTS. (6)
- e) THE FACILITY SHALL ENSURE THAT ITS STAFF IS FAMILIAR WITH AND OBSERVES THE RIGHTS AND RESPONSIBILITIES ENUMERATED IN THE ACT AND THESE RULES. (8,-6)

(Source: Emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days)

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

- 1) The Heading of the Part: Meat and Poultry Inspection Act
- 2) The Code Citation: 8 Ill. Adm. Code 125
- 3) Section Number:
- |         |         |
|---------|---------|
| 125.100 | Amended |
| 125.190 | Amended |
| 125.200 | Amended |
- 4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute Which Requires this Peremptory Rulemaking: 53 FR 40378 (1988), The Meat and Poultry Inspection Act (Ill. Rev. Stat. 1987, ch. 56 1/2, par. 316), the Federal Meat Inspection Act (21 U.S.C.A. 661, 1972 and West Supp. 1973-1987).
- 5) Statutory Authority: The Meat and Poultry Inspection Act (Ill. Rev. Stat. 1987, ch. 56 1/2, par. 316).
- 6) Effective Date: November 1, 1988
- 7) A Complete Description of the Subjects and Issues Involved:

In order to maintain an "equal to" status with the federal meat inspection program as required by the Federal Meat Inspection Act and in compliance with Section 16 of The Meat and Poultry Inspection Act, changes in the federal rules relative to meat inspection are hereby adopted.

The amendments to 9 CFR 309.16 require the name of each person who sells or consigns swine to a slaughtering establishment to be made available to a Department employee upon request. Individual identification, as approved by the U.S. Department of Agriculture, must be maintained on all swine throughout post-mortem inspection. The amendments to 9 CFR 310 require identification of the carcass and parts of swine by the establishment during post-mortem inspection. If the establishment fails to maintain the required swine identification, the Department employee shall order retention of the swine carcass until tests confirm that the carcass is not adulterated. The amendments to 9 CFR 320 require the establishment to maintain records consisting of the name and address of each person who sells or consigns swine to slaughter and the serial numbers or other federally approved means of swine identification.

Requiring swine to be identified and records of identification maintained will allow the Department to trace a swine disease to its source much more efficiently. Before any disease can be eradicated or the spread of any disease stopped, the source(s) of infection must be located. Further, meat adulterated with drugs and other chemical residues at levels higher than the allowed tolerance can be traced to the source of contamination, thereby

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

helping to keep the meat supply free of meat that could harm the health of the American public. The U.S. Department of Agriculture has estimated the maximum cost added by these regulations per swine at \$0.04.

- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Date Filed in Agency's Principal Office: October 28, 1988
- 10) This rule is in compliance with Section 5.03 of the Illinois Administrative Procedure Act.
- 11) Are there any proposed amendments pending to this Part? No
- 12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local governments.
- 13) Information and questions regarding this adopted amendment shall be directed to:
- Name: Donna Garman, Administrative Assistant,  
Address: Department of Agriculture, State Fairgrounds, Springfield,  
Illinois 62794-9281  
Telephone: 217/782-2172

The full text of the Peremptory amendment begins on the next page:

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER I: DEPARTMENT OF AGRICULTURE  
SUBCHAPTER c: MEAT AND POULTRY INSPECTION ACT

## PART 125

## MEAT AND POULTRY INSPECTION ACT

## SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR POULTRY INSPECTION

Section  
125.10 Definitions  
125.20 Incorporation by Reference of Federal Rules  
125.30 Application for License; Approval  
125.40 Official Number  
125.50 Inspections; Suspension or Revocation of License  
125.60 Administrative Hearings; Appeals  
125.70 Assignment and Authority of Program Employees  
125.80 Schedule of Operations; Overtime  
125.90 Official Marks of Inspection, Devices and Certificates  
125.100 Records and Reports  
125.110 Exemptions  
125.120 Disposal of Dead Animals and Poultry  
125.130 Reportable Animal and Poultry Diseases  
125.140 Detention; Seizure; Condemnation

Definitions  
Incorporation by Reference of Federal Rules  
Application for License; Approval  
Official Number  
Inspections; Suspension or Revocation of License  
Administrative Hearings; Appeals  
Assignment and Authority of Program Employees  
Schedule of Operations; Overtime  
Official Marks of Inspection, Devices and Certificates  
Records and Reports  
Exemptions  
Disposal of Dead Animals and Poultry  
Reportable Animal and Poultry Diseases  
Detention; Seizure; Condemnation

## SUBPART B: MEAT INSPECTION

Section  
125.150 Livestock and Meat Products Entering Official Establishments  
125.160 Equine and Equine Products  
125.170 Facilities for Inspection  
125.180 Sanitation  
125.190 Ante-Mortem Inspection  
125.200 Post-Mortem Inspection  
125.210 Disposal of Diseased or Otherwise Adulterated Carcasses and Parts  
125.220 Humane Slaughter of Animals  
125.230 Handling and Disposal of Condemned or Other Inedible Products at Official Establishment  
125.240 Rendering or Other Disposal of Carcasses and Parts Passed for Cooking  
125.250 Marking Products and Their Containers  
125.260 Labeling, Marking and Containers  
125.270 Entry into Official Establishment; Reinspection and Preparation of Product

Livestock and Meat Products Entering Official Establishments  
Equine and Equine Products  
Facilities for Inspection  
Sanitation  
Ante-Mortem Inspection  
Post-Mortem Inspection  
Disposal of Diseased or Otherwise Adulterated Carcasses and Parts  
Humane Slaughter of Animals  
Handling and Disposal of Condemned or Other Inedible Products at Official Establishment  
Rendering or Other Disposal of Carcasses and Parts Passed for Cooking  
Marking Products and Their Containers  
Labeling, Marking and Containers  
Entry into Official Establishment; Reinspection and Preparation of Product

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

125.280 Meat Definitions and Standards of Identity or Composition  
 125.290 Transportation  
 125.300 Special Services Relating to Meat and Other Products  
 125.305 Buffalo Inspection

## SUBPART C: POULTRY INSPECTION

Section  
 125.310 Application of Inspection  
 125.320 Facilities for Inspection  
 125.330 Sanitation  
 125.340 Operating Procedures  
 125.350 Ante-Mortem Inspection  
 125.360 Post-Mortem Inspection; Disposition of Carcasses and Parts  
 125.370 Handling and Disposal of Condemned or Inedible Products at Official Establishments  
 125.380 Labeling and Containers  
 125.390 Entry of Articles Into Official Establishments; Processing Inspection and Other Reinspections; Processing Requirements  
 125.400 Definitions and Standards of Identity or Composition  
 125.410 Transportation; Sale of Poultry or Poultry Products

AUTHORITY: Implementing and authorized by The Meat and Poultry Inspection Act (Ill. Rev. Stat. 1985, ch. 56 1/2, par. 301 et seq., as amended by P.A. 85-246, effective September 2, 1987) and The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1985, ch. 127, par. 16).

SOURCE: Adopted at 9 Ill. Reg. 1782, effective January 24, 1985; peremptory amendment at 9 Ill. Reg. 2337, effective January 28, 1985; peremptory amendment at 9 Ill. Reg. 2980, effective February 20, 1985; peremptory amendment at 9 Ill. Reg. 4856, effective April 1, 1985; peremptory amendment at 9 Ill. Reg. 9240, effective June 5, 1985; peremptory amendment at 9 Ill. Reg. 10102, effective June 13, 1985; peremptory amendment at 9 Ill. Reg. 11673, effective July 17, 1985; peremptory amendment at 9 Ill. Reg. 13748, effective August 23, 1985; peremptory amendment at 9 Ill. Reg. 15575, effective October 2, 1985; peremptory amendment at 9 Ill. Reg. 19759, effective December 5, 1985; peremptory amendment at 10 Ill. Reg. 447, effective December 23, 1985; peremptory amendment at 10 Ill. Reg. 1307, effective January 7, 1986; peremptory amendment at 10 Ill. Reg. 3318, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3880, effective February 7, 1986; peremptory amendment at 10 Ill. Reg. 11478, effective June 25, 1986; peremptory amendment at 10 Ill.

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

Reg. 14858, effective August 22 1986; peremptory amendment at 10 Ill. Reg. 15305, effective September 10, 1986; peremptory amendment at 10 Ill. Reg. 16743, effective September 19, 1986; peremptory amendment at 10 Ill. Reg. 18203, effective October 15, 1986; peremptory amendment at 10 Ill. Reg. 19818, effective November 12, 1986; peremptory amendment at 11 Ill. Reg. 1696, effective January 5, 1987; peremptory amendment at 11 Ill. Reg. 2930, effective January 23, 1987; peremptory amendment at 11 Ill. Reg. 9645, effective April 29, 1987; peremptory amendment at 11 Ill. Reg. 10321, effective May 15, 1987; peremptory amendment at 11 Ill. Reg. 11184, effective June 5, 1987; peremptory amendment at 11 Ill. Reg. 14830, effective August 25, 1987; peremptory amendment at 11 Ill. Reg. 18799, effective November 3, 1987; peremptory amendment at 11 Ill. Reg. 19805, effective November 19, 1987; peremptory amendment at 12 Ill. Reg. 2154, effective January 6, 1988; amended at 12 Ill. Reg. 3417, effective January 22, 1988; peremptory amendment at 12 Ill. Reg. 4879, effective February 25, 1988; peremptory amendment at 12 Ill. Reg. 6313, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 6819, effective March 29, 1988; peremptory amendment at 12 Ill. Reg. 13621, effective August 8, 1988; peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988.

## SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR POULTRY INSPECTION

## Section 125.100 Records and Reports

- The Department incorporates by reference 9 CFR 320.1(b), 320.6(a), 320.7, 381.175(b), 381.180(a) and 381.181 (1984; 49 FR 4715, effective Feb. 8, 1984; 49 FR 2236, effective July 17, 1984; 51 FR 45602, effective June 19, 1987; 53 FR 40378, effective November 14, 1988).
- Access to the establishment, its premises, records and inventories shall be provided to the Department in accordance with Section 14 of the Act and Section 125.70.
- Each person who is required to be licensed in accordance with Section 3 of the Act shall keep records as stated in the incorporated language of 9 CFR 320.1(b) and 381.175(b), except that for custom slaughtering and custom processing transactions, the recordkeeping requirements shall be those set forth in Section 5(B)(2)(f) of the Act. Records shall be retained for 5 years after December 31 of the year in which the transaction to which the record relates has occurred. If a record must



## DEPARTMENT OF AGRICULTURE

## NOTICE OF PEREMPTORY AMENDMENTS

be retained for longer than 5 years because of an on-going investigation or litigation, the Department shall notify the licensee in writing as to which record is to be retained, the reasons for such retention and the retention period. The Department shall consider when determining the retention period the court date, if known, or the time needed to conclude the investigation (e.g., considering the type of disease being investigated, the number of animals involved, and laboratory testing procedures, if applicable).

d) The licensee of the official establishment shall maintain such records at the establishment. In the case of a broker, the records shall be maintained at the office listed on the application for license.

e) The Department shall request a licensee to submit an evaluation of the inspection program or of the inspector's performance when the Department is conducting a review of the effectiveness of the Meat and Poultry Inspection Program or when a complaint on the inspector's performance has been received.

(Source: Peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988.)

## SUBPART B: MEAT INSPECTION

## Section 125.190 Ante-Mortem Inspection

a) The Department incorporates by reference 9 CFR 309.1 through 309.4(a), 309.5 through 309.11, and 309.13 through 309.18 (1984; 49 FR 23605, effective June 4, 1984; 49 FR 27732, effective July 6, 1984; 50 FR 32162, effective September 9, 1985; 50 FR 53127, effective January 29, 1986; 52 FR 2101, effective January 20, 1987; 53 FR 40378, effective November 14, 1988).

b) In cases of emergency slaughter (see 9 CFR 311.27) and where the inspector cannot be contacted or is unable to return to the establishment, the owner of the animal shall obtain the services of a licensed veterinarian who shall perform an ante-mortem examination on the animal. If upon examination the animal shows no symptoms of disease or abnormal conditions that would prohibit its intended use as human food in accordance with the provisions of this Section, the veterinarian shall prepare a written statement to the effect that the animal is in compliance with ante-mortem requirements of this Section

## DEPARTMENT OF AGRICULTURE

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and can be slaughtered at the official establishment. The veterinarian's statement shall be kept on file by the official establishment in accordance with Section 125.100. The costs of the veterinary services shall be borne by the owner of the animal.

c) The Department shall approve treatment programs for diseased animals providing the licensee provides the necessary holding pens where such animals can be kept apart from the other livestock awaiting slaughter and the owner of the animal(s) agrees to the treatment and assumes the cost of such treatment. Following treatment, the animal shall be released from slaughter at the request of the owner or of the official establishment and permitted to be transported from the establishment provided the animal was not infected with a reportable disease (see Section 125.130).

d) An animal found in a comatose or semicomatose condition shall be set apart from the other livestock and held for further observation at the request of the owner or the official establishment.

e) "Other responsible official supervision" shall mean under the supervision of a licensed veterinarian or a program employee of the U.S. Department of Agriculture.

f) At the option of the owner of the animal, any animal identified as a suspect may be reinspected by a veterinarian as set forth in Section 9 of the Act or the animal shall be slaughtered and identified in accordance with the provisions of this Section.

g) An animal will be withheld from slaughter to permit biological residues to be reduced in accordance with 9 CFR 309.16 when the owner informs the inspector that the animal was taking chemicals or biologics or there is evidence to suggest that the animal was taking chemicals or biologics (e.g., injection marks, chemical odor). The time period for holding such animal shall depend on the withdrawal period of the chemical or biologic that was administered the animal. The inspector shall permit the slaughter of such animal (see 9 CFR 309.16a) when requested by the official establishment or by the owner of the animal.

h) The inspector shall approve the use by any establishment of any skin tattoo that contains a number identifying

DEPARTMENT OF AGRICULTURE  
NOTICE OF PEREMPTORY AMENDMENTS

the animal or lot. The identifying number for the skin tattoo shall be assigned by the inspector.

- 1) Reference to federal form MP-402-2 shall mean Illinois form V-2. References in the incorporated language to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.

(Source: Peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988 )

Section 125.200 Post-Mortem Inspection

- a) The Department incorporates by reference 9 CFR 310(a) and 310.2 through 310.21, and 310.23 (1984; 49 FR 23606, effective June 4, 1984; 50 FR 32162, effective September 9, 1985; 52 FR 2101, effective January 20, 1987; 53 FR 40378, effective November 14, 1988), except that the preparation of meat and meat products for non-human food purposes (e.g., dog food) is not permitted at an official establishment. The preparation of nonhuman food products must be done in establishments licensed under the Illinois Dead Animal Disposal Act.

- b) The unusual circumstance and acceptable arrangements referred to in 9 CFR 310(a) shall mean in the case of emergency slaughter and in accordance with the procedure outlined in Section 125.190.

- c) In the case of emergency slaughter and where a veterinarian was obtained by the owner to perform ante-mortem inspection (see Section 125.190), the veterinarian may perform post-mortem inspection of the animal. The carcass and all parts, including viscera, shall be identified as set forth in 9 CFR 310.2 and held for the inspector. If the veterinarian performs the post-mortem inspection at the request of the owner, then the cost of such service shall be borne by the owner of the animal.

- d) Disinfectants that can be used in an official establishment shall be those set forth in Section 125.180.

- e) With regard to the incorporated language in 9 CFR 310.2(b)(4), alternate methods proposed by the operator of an official establishment for handling devices shall be approved if such method will accomplish the specific provisions as stated in that paragraph.

- f) Retained carcasses may be washed or trimmed provided such washing or trimming does not affect the disposition of the carcasses by removing conditions or lesions which caused the carcasses to be identified as retained.

- g) Temporary identification of retained carcasses by an official establishment shall be permitted; however, Illinois Retained tags shall be used to identify the carcasses along with any temporary identification that is used.

- h) References in the incorporated language to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.

- i) Facilities for handling and inspecting cow udders shall be as set forth in "U.S. Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout" as adopted in Section 125.20.

(Source: Peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988 )

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF CORRECTIONS TO PROPOSED RULES

- 1) Heading of the Part: Medical Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1285
- 3) Illinois Register citation to Notice of Proposed Rules: 12 Ill. Reg. 15880; October 7, 1988
- 4) Sections being Corrected: Section 1285.240 of Subpart B
- 5) Correction being made:

One page of the text of Section 1285.240 (Subpart B) was inadvertently omitted from the proposed rules. The specific portion of the omitted text begins with Section 1285.240(a)(1)(E) "...who were not competent to assume such responsibility;" and runs through Section 1285.240(b)(2). The full text of this Section appears below:

## Section 1285.240 Standards

- a) Dishonorable, unethical or unprofessional conduct
  - 1) In determining what constitutes dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, the Disciplinary Board shall consider whether the questioned activities:
    - A) Are violative of ethical standards of the profession;
    - B) Are unbecoming of a member of the profession in good standing;
    - C) Constitute a breach of the physician's responsibility to a patient;
    - D) Resulted in assumption by the physician of responsibility for delivery of patient care which the physician was not properly qualified or competent to render;
    - E) Resulted in a delegation of responsibility for delivery of patient care to persons who were not properly supervised, or who were not competent to assume such responsibility;
    - F) Caused actual harm to any member of the public; or
    - G) Are reasonably likely to cause harm to any member of the public in the future.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF CORRECTIONS TO PROPOSED RULES

- 2) Such activities shall include, but not be limited to:

- A) Being convicted of any crime an essential element of which is larceny, embezzlement, obtaining money, property or credit by false pretenses or by means of a confidence game, dishonesty, fraud, misstatement or moral turpitude;
  - B) Delegating of patient care responsibility to any individual when the physician has reason to believe that the person may not be competent;
  - C) Misrepresenting as to educational background, training, credentials, competence, or medical staff memberships;
  - D) Failing to properly supervise subordinate health professional and paraprofessional staff under his supervision and control in patient care responsibilities; or
  - E) Committing of any other act or omission which breaches the physician's responsibility to a patient according to accepted medical standards of practice.
- b) Immoral Conduct
    - 1) Immoral conduct in the commission of any act related to the licensee's practice means conduct which:
      - A) Demonstrates moral indifference to the opinions of the good and respectable members of the profession;
      - B) Is inimical to the public welfare;
      - C) Abuses the physician/patient relationship by taking unfair advantage of a patient's vulnerability; and
      - D) Is committed in the course of the practice of medicine.
    - 2) In determining immoral conduct in the commission of any act related to the licensee's practice, the Disciplinary Board shall consider, but not be limited to, the following standards:
      - A) Taking advantage of a patient's vulnerability by committing an act or acts which violate established codes of professional behavior expected on the part of a physician;



## DEPARTMENT OF PROFESSIONAL REGULATION

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- B) Unethical conduct with a patient which results in said patient engaging in unwanted personal, financial or sexual relationships with the physician;
- C) Conducting human experimentation or utilizing unproven drugs, medicine, surgery or equipment to treat patients except as authorized for use in an approved research program pursuant to Rules of the Illinois Department of Public Health authorizing research programs (77 Ill. Adm. Code 250, Section 250.130) or as otherwise expressly authorized by law;
- D) Committing an act or acts, in the practice of persons licensed under this Act in practice, of a flagrant, glaringly obvious nature which constitute conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;
- E) Committing an act or acts in a relationship with a patient so as to violate common standards of decency or propriety; or
- F) Any other behavior which violates established codes of physician behavior or which violates established ethical principles commonly associated with the practice of medicine.
- c) In determining what constitutes gross negligence, the Disciplinary Board shall consider, but not be limited to the following:

- 1) Whether the act(s) or omission(s) of the licensee are of a flagrant or glaringly obvious nature and resulted in a breach of medical standards of practice;
- 2) Whether the licensee failed to possess and apply the knowledge and use the skill and care in treating a condition that is ordinarily used by a reasonably well-qualified physician in the locality in which he practices or in similar localities in similar cases and circumstances; or
- 3) Whether the licensee failed to possess and apply the knowledge and use the skill and care which reasonably competent specialists in the same field, practicing in the same locality, or in similar localities, ordinarily would use in the same or similar cases and circumstances, if one holds himself out as a specialist and undertakes service in a particular medical, surgical, or other healing service.

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
STRATTON OFFICE BUILDING  
ROOM A-1

SPRINGFIELD, ILLINOIS

9:00 A.M.

NOVEMBER 15, 1988

NOTICE: It is the policy of the Joint Committee to allow only representatives of state agencies to testify orally on any rule under consideration at Joint Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee at the following address:

Joint Committee on Administrative Rules  
509 South Sixth Street  
Room 500  
Springfield, Illinois 62701

## AGENDA

- I. Approval of October 13, 1988 Minutes
- II. Review of Proposed Agency Rulemaking

Department on Aging

1. Older Americans Act Programs; 89 Ill. Adm. Code 230  
-First Notice Published: 12 Ill. Reg. 12137 - 7-29-88  
-Expiration of Second Notice Period: 11-28-88

Department of Alcoholism and Substance Abuse

2. Subacute Alcoholism and Substance Abuse Treatment Services; 77 Ill. Adm. Code 2090  
-First Notice Published: 12 Ill. Reg. 10994 - 7-1-88  
-Expiration of Second Notice Period: 11-28-88

Capital Development Board

3. Insurance and Surety Companies; 44 Ill. Adm. Code 1050  
-First Notice Published: 12 Ill. Reg. 13377 - 8-19-88  
-Expiration of Second Notice Period: 11-28-88

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

4. Prequalification of Architects and Engineers; 44 Ill. Adm. Code 980  
-First Notice Published: 12 Ill. Reg. 13691 - 8-26-88  
-Expiration of Second Notice Period: 12-5-88

Department of Central Management Services

5. Solicitation for Charitable Payroll Deductions; 80 Ill. Adm. Code 2650  
-First Notice Published: 12 Ill. Reg. 6871 - 4-15-88  
-Expiration of Second Notice Period: 11-28-88

6. Pay Plan; 80 Ill. Adm. Code 310  
-First Notice Published: 12 Ill. Reg. 12599 - 8-5-88  
-Expiration of Second Notice Period: 12-12-88

Illinois Commerce Commission

7. Least-Cost Planning for Electric Utilities; 83 Ill. Adm. Code 440  
-First Notice Published: 12 Ill. Reg. 3162 - 2-5-88  
-Expiration of Second Notice Period: 12-29-88

8. Uniform Commodity Classifications, Repeal of; 92 Ill. Adm. Code 1460  
-First Notice Published: 12 Ill. Reg. 13385 - 8-19-88  
-Expiration of Second Notice Period: 12-5-88

Department of Commerce and Community Affairs

9. State Administration of the Federal Community Services Block Grant Program; 47 Ill. Adm. Code 120  
-First Notice Published: 12 Ill. Reg. 8521 - 5-20-88  
-Expiration of Second Notice Period: 12-12-88

Comptroller

10. Contract Content; 74 Ill. Adm. Code 290  
-First Notice Published: 12 Ill. Reg. 13518 - 8-19-88  
-Expiration of Second Notice Period: 11-21-88

11. Transition Regulations of the Comptroller; 74 Ill. Adm. Code 200  
-First Notice Published: 12 Ill. Reg. 13526 - 8-19-88  
-Expiration of Second Notice Period: 11-21-88

12. The University Imprest System; 74 Ill. Adm. Code 230  
-First Notice Published: 12 Ill. Reg. 13529 - 8-19-88  
-Expiration of Second Notice Period: 11-21-88

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

Department of Conservation

13. Designation of Restricted Waters in the State of Illinois; 17 Ill. Adm. Code 2030  
-First Notice Published: 12 Ill. Reg. 13820  
-Expiration of Second Notice Period: 12-8-88

Department of Employment Security

14. Payment of Unemployment Contributions, Interest and Penalties; 56 Ill. Adm. Code 2765  
-First Notice Published: 12 Ill. Reg. 13531 - 8-19-88  
-Expiration of Second Notice Period: 11-21-88

15. Determination of Unemployment Contributions; 56 Ill. Adm. Code 2770  
-First Notice Published: 12 Ill. Reg. 13825 - 9-2-88  
-Expiration of Second Notice Period: 12-8-88

Environmental Protection Agency

16. Effluent Disinfection Exemptions; 35 Ill. Adm. Code 378  
-First Notice Published: 12 Ill. Reg. 12753 - 8-5-88  
-Expiration of Second Notice Period: 11-28-88

Board of Ethics

17. Procedures of the Board of Ethics; 80 Ill. Adm. Code 2000  
-First Notice Published: 12 Ill. Reg. 12766 - 8-5-88  
-Expiration of Second Notice Period: 11-21-88

Department of Insurance

18. Constructing and Filing of Life Insurance and Annuity Forms; 50 Ill. Adm. Code 1405  
-First Notice Published: 12 Ill. Reg. 99 - 1-4-88  
-Expiration of Second Notice Period: 11-28-88

Pollution Control Board

19. Permits and General Provisions; 35 Ill. Adm. Code 201  
-First Notice Published: 12 Ill. Reg. 5154 - 3-18-88  
-Expiration of Second Notice Period: 12-9-88

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20. Carbon Monoxide Emissions; 35 Ill. Adm. Code 216  
-First Notice Published: 12 Ill. Reg. 10615 - 6-24-88  
-Expiration of Second Notice Period: 12-9-88
- Department of Professional Regulation
21. Private Detective, Private Alarm and Private Security Act of 1983;  
68 Ill. Adm. Code 240  
-First Notice Published: 11 Ill. Reg. 18980 - 11-20-87  
-Expiration of Second Notice Period: 11-14-88

Department of Public Aid

22. Medical Assistance Programs; 89 Ill. Adm. Code 120  
-First Notice Published: 12 Ill. Reg. 11408 - 7-8-88  
-Expiration of Second Notice Period: 11-17-88
23. Medical Payment; 89 Ill. Adm. Code 140  
-First Notice Published: 12 Ill. Reg. 5958 - 4-1-88  
-Expiration of Second Notice Period: 11-21-88
24. Reimbursement for Nursing Costs for Geriatric Facilities; 89 Ill. Adm. Code 147  
-First Notice Published: 12 Ill. Reg. 10627 - 6-24-88  
-Expiration of Second Notice Period: 11-28-88
25. Medical Payment; 89 Ill. Adm. Code 140  
-First Notice Published: 12 Ill. Reg. 11995 - 7-22-88  
-Expiration of Second Notice Period: 11-28-88
26. Food Stamps; 89 Ill. Adm. Code 121  
-First Notice Published: 12 Ill. Reg. 13915 - 9-2-88  
-Expiration of Second Notice Period: 12-15-88
27. General Assistance; 89 Ill. Adm. Code 114  
-First Notice Published: 12 Ill. Reg. 14111 - 9-9-88  
-Expiration of Second Notice Period: 12-12-88
28. Child Support Enforcement; 89 Ill. Adm. Code 160  
-First Notice Published: 12 Ill. Reg. 13899 - 9-2-88  
-Expiration of Second Notice Period: 12-12-88

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Department of Public Health

29. The Illinois Formulary for the Drug Product Selection Program; 77 Ill. Adm. Code 790  
-First Notice Published: 12 Ill. Reg. 12991 - 8-12-88  
-Expiration of Second Notice Period: 11-21-88
30. Structural Pest Control; 77 Ill. Adm. Code 830  
-First Notice Published: 12 Ill. Reg. 3325 - 2-5-88  
-Expiration of Second Notice Period: 12-5-88

Illinois Racing Board

31. Charitable Funds; 11 Ill. Adm. Code 208  
-First Notice Published: 12 Ill. Reg. 13926 - 9-2-88  
-Expiration of Second Notice Period: 12-8-88

- III. Certification of No Objection to Proposed Rulemaking
- IV. Review of Emergency Rulemaking and Peremptory Rulemaking

Department of Central Management Services

32. Merit and Fitness; 80 Ill. Adm. Code 302 (Emergency)  
-Notice Published: 12 Ill. Reg. 16214 - 10-7-88

Department of Commerce and Community Affairs

33. Labor-Management Programs; 14 Ill. Adm. Code 620 (Emergency)  
Notice Published: 12 Ill. Reg. 15207 - 9-23-88

Department of Conservation

34. Duck, Goose and Coot Hunting; 17 Ill. Adm. Code 590 (Emergency)  
Notice Published: 12 Ill. Reg. 16233 - 10-7-88
35. Muskrat, Mink, Raccoon, Opossum, Striped Skunk, Weasel, Red Fox, Gray Fox, Coyote, beaver and Woodchuck (Groundhog) Trapping; 17 Ill. Adm. Code 570 (Emergency)  
-Notice Published: 12 Ill. Reg. 16261 - 10-7-88

Department of Public Aid

36. Drug Manual; 89 Ill. Adm. Code 141 (Emergency)  
-Notice Published: 12 Ill. Reg. 15667 - 9-30-88



## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

37. Food Stamps; 89 Ill. Adm. Code 121 (Peremptory)  
Notice Published: 12 Ill. Reg. 15704 - 9-30-88
38. Food Stamps; 89 Ill. Adm. Code 121 (Peremptory)  
-Notice Published: 12 Ill. Reg. 16271 - 10-7-88
39. Medical Payment; 89 Ill. Adm. Code 140 (Emergency)  
-Notice Published: 12 Ill. Reg. 16921 - 10-14-88

Department of Public Health

40. The Illinois Formulary for the Drug Product Selection Program; 77 Ill. Adm. Code 790 (Emergency)  
-Notice Published: 12 Ill. Reg. 16937 - 10-14-88

Department of Revenue

41. Tax Increment Allocation Financing; 86 Ill. Adm. Code 525 (Emergency)  
Notice Published: 12 Ill. Reg. 16268 - 10-7-88

Illinois Sports Facilities Authority

42. Pre-Qualification of General Contractors; 44 Ill. Adm. Code 1300 (Emergency)  
Notice Published: 12 Ill. Reg. 15227 - 9-23-88

Illinois State Scholarship Commission

43. Guaranteed Loan Program; 23 Ill. Adm. Code 1720 (Emergency)  
Notice Published: 12 Ill. Reg. 15221 - 9-23-88

## V. Incorporation by Reference

## VI. Agency Responses to Joint Committee Statements of Objection

Department of Central Management Services

44. Standard Procurement; 44 Ill. Adm. Code 1  
-First Published: 12 Ill. Reg. 6351 - 4-8-88  
-Objection Date: July 14, 1988  
-Response: Failure to Respond

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

Department of Employment Security

45. Payment of Unemployment Contributions, Interest and Penalties; 56 Ill. Adm. Code 2765  
-First Published: 12 Ill. Reg. 11021 - 7-1-88  
-Objection Date: September 15, 1988  
-Response: Refusal

Illinois Commerce Commission

46. Dual Party Relay Service; 83 Ill. Adm. Code 756  
-First Published: 12 Ill. Reg. 7455 - 4-29-88  
-Objection Date: August 23, 1988  
-Response: Refusal

Illinois Health Facilities Planning Board

47. Processing, Classification Policies and Review Criteria; 77 Ill. Adm. Code 1110  
-First Published: 12 Ill. Reg. 4615 - 3-4-88  
-Objection Date: July 14, 1988  
-Response: Failure to Respond

Department of Labor

48. Health and Safety; 56 Ill. Adm. Code 350  
-First Published: 12 Ill. Reg. 9783 - 6-10-88  
-Objection Date: September 15, 1988  
-Response: Refusal

Department of Public Health

49. Minimum Health Care Standards for Health Maintenance Organizations; 77 Ill. Adm. Code 240  
First Published: 11 Ill. Reg. 18958 - 11-20-87  
-Objection Date: August 23, 1988  
-Response: Agreement

Commissioner of Savings and Loan Associations

50. Residential Mortgage License Act of 1987; 38 Ill. Adm. Code 450  
-First Published: 12 Ill. Reg. 9721 - 6-3-88  
-Objection Date: July 14, 1988  
-Response: Failure to Respond

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## AGENDA

Department of State Police

51. Missing Person Notification; 20 Ill. Adm. Code 1291  
 -First Published: 12 Ill. Reg. 9420 - 6-3-88  
 -Objection Date: September 15, 1988  
 -Response: Refusal

State Universities Civil Service System

52. State Universities Civil Service System; 80 Ill. Adm. Code 250  
 -First Published: 12 Ill. Reg. 6386 - 4-8-88  
 -Objection Date: July 14, 1988  
 -Response: Agreement

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of October 24, 1988 through October 28, 1988 and have been scheduled for review by the Committee at its November 15, 1988 meeting. Other items not contained in this published list may also be considered by the Joint Committee at its scheduled November meeting. Members of the public wishing to express their views with respect to a proposed rule should submit written comments to the Joint Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

Second Notice Expires	Agency and Rule	Start of First Notice	Scheduled for Consideration by JCAR
12/8/88	Department of Conservation, Designation of Restricted Waters in the State of Illinois (17 Ill. Adm. Code 2030)	9/2/88 12 Ill. Reg. 13820	November 15, 1988
12/8/88	Illinois Racing Board, Charitable Funds (11 Ill. Adm. Code 208)	9/2/88 12 Ill. Reg. 13926	November 15, 1988
12/8/88	Department of Employment Security, Determination of Unemployment Contributions (56 Ill. Adm. Code 2770)	9/2/88 12 Ill. Reg. 13825	November 15, 1988
12/9/88	Pollution Control Board, Permits and General Provisions (35 Ill. Adm. Code 201)	3/18/88 12 Ill. Reg. 5154	November 15, 1988
12/9/88	Pollution Control Board, Carbon Monoxide Emissions (35 Ill. Adm. Code 216)	6/24/88 12 Ill. Reg. 10615	November 15, 1988
12/12/88	Department of Public Aid, Child Support Enforcement (89 Ill. Adm. Code 160)	9/2/88 12 Ill. Reg. 13899	November 15, 1988
12/12/88	Department of Public Aid, General Assistance (89 Ill. Adm. Code 114)	9/9/88 12 Ill. Reg. 14111	November 15, 1988
12/12/88	Department of Central Management Services, Pay Plan (80 Ill. Adm. Code 310)	8/5/88 12 Ill. Reg. 12599	November 15, 1988

ILLINOIS REGISTER

19137  
86

PROCLAMATION  
88-493

Coast Guard Recognition Day

WHEREAS, August 4, 1988, marked the 198th birthday of the United States Coast Guard; and

WHEREAS, with each passing year, more and more boaters are appearing on the shores of our Great Lakes and are being assisted by one of our country's most dedicated services, the United States Coast Guard; and

WHEREAS, members of the Coast Guard have rescued more than 700 of our fellow citizens without regard to their own personal safety; and

WHEREAS, the Coast Guard has prevented the loss of almost \$100 million of property belonging to individuals of this great state; and

WHEREAS, Coast Guard stations also give time and support to the communities in which they are located;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim October 22, 1988, as COAST GUARD RECOGNITION DAY in Illinois.

Issued October 21, 1988. Filed October 31, 1988.

ILLINOIS REGISTER

19138  
88

PROCLAMATION  
88-494

Honor Israel Day

WHEREAS, 1988 marks the 40th Anniversary of the State of Israel; and

WHEREAS, Israel, like the United States, is a country founded and developed by immigrants of many cultural and ethnic backgrounds; and

WHEREAS, the Israel government, like that of the United States, is guided by the principles of democracy and equality; and

WHEREAS, the citizens of Illinois recognize the need for understanding and cooperation between the Jewish and Christian communities in seeking peace for all mankind;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim December 4, 1988 as HONOR ISRAEL DAY in Illinois, in recognition of the 40th Anniversary of the State of Israel.

Issued October 21, 1988. Filed October 31, 1988.



PROCLAMATION  
88-495

10th Anniversary Of Zanies Comedy Nite Club

"Zanies, good name for a comedy club--bad name for a bank..."

-Johnny Carson

WHEREAS, Zanies Comedy Nite Club will be celebrating its 10th year of business beginning November 1, 1988; and

WHEREAS, Zanies is Chicago's original comedy club, growing from a small neighborhood club to being recognized nationally as one of the best comedy clubs; and

WHEREAS, Zanies success can be attributed to its sound management philosophy and an ability to recognize, cultivate and promote top-notch talent; and

WHEREAS, Zanies has contributed significantly to the careers of Chicago-born comics, such as Emo Phillips, Judy Tenuta and John Caponeera, who have gained national acclaim; and

WHEREAS, Zanies has had considerable influence in the career development of superstars Jay Leno, Richard Lewis, Yakov Smirnoff, Jerry Seinfeld, and Marsha Warfield; and

WHEREAS, Zanies has been acclaimed by the Chicago Tribune as "King of Chicago's Comedy Clubs";

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 1, 1988, as ZANIES COMEDY NITE CLUB in Illinois, in recognition of its 10th Anniversary and its contributions to comedy concepts in America.

Issued October 24, 1988. Filed October 31, 1988.

PROCLAMATION  
88-496

James O'Grady Day

WHEREAS, 1988 marks the 75th Anniversary of the City of Hope in Duarte, California; and

WHEREAS, this institution was founded in four tents in 1913 to serve tuberculosis victims. Now the City of Hope sprawls across 93 acres, occupies 50 buildings, employs some 1,700 people, and continues its research activities to help cancer patients; and

WHEREAS, the medical research facility has an annual operating budget of \$117 million and is known for paying the bills of all its patients; and

WHEREAS, 500 chapters in 31 states raise money to support the facility, and the Chicago area is second only to California in its fund-raising efforts; and

WHEREAS, James O'Grady, Sheriff of Cook County, will be honored by the Greater Chicago Trucking Transportation and Petroleum Council for the City of Hope on Saturday, November 12. Sheriff O'Grady will receive the coveted "City of Hope Spirit of Life Award" for his outstanding leadership in the community and for his concern for his fellow man;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 12, 1988, as JAMES O'GRADY DAY in Illinois and congratulate him on the honor being bestowed upon him at this time.

Issued October 24, 1988. Filed October 31, 1988.

PROCLAMATION  
88-497

Alzheimer's Disease Public Awareness Month

WHEREAS, Alzheimer's Disease is a progressive, deteriorating neurological disease involving impaired intellectual function and general debilitation; and

WHEREAS, Alzheimer's Disease eventually renders the patient incapable of performing even the most routine daily tasks, so that once afflicted, a person gradually becomes dependent on others for care; and

WHEREAS, there is no known cause or cure for this condition; and

WHEREAS, over 75,000 Illinois families are coping with this little-known but surprisingly common "silent epidemic"; and

WHEREAS, the Chicago chapter of the Alzheimer's Disease and Related Disorders Association (ADRDA) is part of a national network of families, scientists and health care professionals; and

WHEREAS, ADRDA is committed to research, education, public awareness and family support efforts; and

WHEREAS, an increase in the public awareness of the nature and scope of Alzheimer's Disease may serve as the first step not only in understanding and treating the disease, but in finding a possible cure;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 1988 as ALZHEIMER'S DISEASE PUBLIC AWARENESS MONTH, and I urge all citizens to learn more about it and to support those who must cope with it.

Issued October 25, 1988. Filed October 31, 1988.

PROCLAMATION  
88-498  
Broadcast Journalist Day

WHEREAS, broadcast journalism was born 68 years ago on November 2, 1920, when radio station KDKA in Pittsburgh broadcast the Harding-Cox election returns; and

WHEREAS, the importance and influence of broadcast journalists have grown beyond the wildest dreams of those early pioneers and have become an integral part of our culture; and

WHEREAS, the public, and the functioning of our republic as it was intended, depend upon the integrity of those who practice this profession and their unwavering commitment to accuracy and objectivity;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 2, 1988, as BROADCAST JOURNALIST DAY in Illinois, in honor of the 68th anniversary of the birth of this vital profession.

Issued October 25, 1988. Filed October 31, 1988.

## PROCLAMATION

88-499

Community Education Day

WHEREAS, public education is a community enterprise, and everyone in the community has a stake in the mission of educating adults as well as the community's children; and

WHEREAS, local citizens have a right and a responsibility to be involved in deciding how the educational resources of the community should be used; and

WHEREAS, education reform should, in the words of A Nation at Risk, "focus on the goal of creating a learning society"; and

WHEREAS, the goal of community education is to promote parental involvement, lifelong learning, and educational partnerships; and

WHEREAS, each community should promote the use of community resources in schools and colleges; citizen involvement in educational decision-making; the use of community resources to provide educational opportunities for learners of all ages and educational backgrounds; and interagency cooperation to ensure effective use of limited resources; and

WHEREAS, "Today's Kids...Tomorrow's Leaders" is the theme of National Community Education Day, jointly sponsored by the National Community Education Association, the Council of Chief State School Officers, and the National Association of State Boards of Education;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 15, 1988, as COMMUNITY EDUCATION DAY in Illinois. I call upon the people of Illinois to recognize and celebrate the bonds they have discovered, the partnerships they have formed, and the sense of community they have strengthened through community education programs.

Issued October 25, 1988. Filed October 31, 1988.

## PROCLAMATION

88-500

Hospice Week

WHEREAS, a hospice is dedicated to the concept that terminally ill patients are entitled to live comfortably until death in the absence of pain, maintaining personal comfort for as long as possible, while being supported by the closeness and fellowship of the family unit; and

WHEREAS, the central concern of hospice is the comfort of the dying patient and keeping that person at home. Hospice provides supportive care not only to the dying person, but also to his or her family; and

WHEREAS, many other needs are addressed through hospice care. Nursing and physician services, pain and symptom control, pastoral counseling, bereavement care, and volunteer services are but a few of the areas of care hospice can provide; and

WHEREAS, hospice units offer an interdisciplinary care program in hospitals, family practice centers, nursing care facilities and individual patient's homes; and

WHEREAS, hospice is still growing, and those who believe in its philosophy care also believe that knowledge of hospice and what it is about must be fostered and encouraged in order that people can make informed choices;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 7-14, 1988, as HOSPICE WEEK in Illinois, in conjunction with the national observance and in recognition of the Illinois State Hospice Organization.

Issued October 25, 1988. Filed October 31, 1988.



PROCLAMATION  
88-501

Illinois Paralegal Association Day

WHEREAS, paralegals aid in the efficient delivery of legal service to the public; and

WHEREAS, the Illinois Paralegal Association, the first professional paralegal organization in Illinois, was established in November of 1972 in response to the growing need for an organized professional association for paralegals; and

WHEREAS, the Illinois Paralegal Association promotes and maintains high standards in the paralegal profession. It offers and encourages continuing education for paralegals; and

WHEREAS, the Illinois Paralegal Association establishes and maintains mutually beneficial working relationships with other paralegal organizations and with local, state, and national bar associations; and

WHEREAS, the Illinois Paralegal Association has fostered the creative expansion of the paralegal profession in Illinois; and

WHEREAS, November 16, 1988, marks the celebration of the 16th anniversary of its founding;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 16, 1988, as ILLINOIS PARALEGAL ASSOCIATION DAY.

Issued October 25, 1988. Filed October 31, 1988.

PROCLAMATION  
88-502

Lupus Awareness Month

WHEREAS, Lupus Erythematosus is a degenerative, chronic inflammatory disease of the connective tissue that binds the body's cells together. It may be confined to the skin or affect internal organs in both; and

WHEREAS, there currently are more than half-a-million Americans suffering from this progressive disease, and most of them are young women; and

WHEREAS, although the cause is still unknown, the prognosis for patients with lupus has vastly improved. The prevention of disability, the control of fatal complications, and prolonged survival are the results of massive research programs; and

WHEREAS, the Lupus Erythematosus Society of Illinois, composed entirely of volunteers, is dedicated to informing the public about Lupus; helping its victims live with and cope with the complexities of the disease; and raising funds for research;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim October 1988 as LUPUS AWARENESS MONTH in Illinois. I urge all citizens to acknowledge the efforts of the Lupus Foundation of America and to participate in finding a cure for this complicated and unpredictable disease.

Issued October 25, 1988. Filed October 31, 1988.

PROCLAMATION  
88-503  
Victory Week

WHEREAS, life can be seen as a conflict between ascending forces of inner freedom and descending limitations imposed by circumstances. In this struggle, victory emerges from the undaunted ascent of the human spirit; and

WHEREAS, in this finest example of the vitality of human effort and purpose, many among us struggle each day to overcome disability and adversity. Those who succeed, and do so by providing an example to the rest of us, truly represent the victory of the human spirit. They have exemplified exceptional depth of inner strength, tenacity of purpose, integrity of effort, and courage in the face of adversity; and

WHEREAS, these special individuals have earned our respect; now they deserve recognition. By celebrating their victories, we offer hope to the more than 36 million disabled Americans facing the personal challenge of physical disability, and we also offer hope to millions of others overcoming substance abuse, mental illness or any other adversity; and

WHEREAS, the National Rehabilitation Hospital, which sponsors the Annual Victory Awards Celebration in Washington, D.C. in collaboration with the State of Illinois, joins in recognizing those individuals;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim December 11-17, 1988, as VICTORY WEEK in Illinois.

Issued October 25, 1988. Filed October 31, 1988.

PROCLAMATION  
88-504  
Worldwide Peace Day

WHEREAS, November 1 is set aside each year as Worldwide Peace Day - a day for international peace activities; and

WHEREAS, Worldwide Peace Day was established in 1964 by the Worldwide Peace Foundation to promote friendship among all peoples and nations by educating the feeling and thinking of humans to achieve a just, productive, harmonious society; and

WHEREAS, young people are born without prejudices or biases and can become ideal teachers of peace; and

WHEREAS, they should be encouraged to learn about other countries, to experience other cultures, and to understand the concept of a shared, unified world; and

WHEREAS, on Saturday, October 29, 1988, there will be an all-day Youth Celebration of Peace at Washington, D.C. The event is being coordinated by the District of Columbia school system and the Worldwide Peace Foundation;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 1, 1988, as WORLDWIDE PEACE DAY in Illinois, in conjunction with the national celebration.

Issued October 25, 1988. Filed October 31, 1988.



PROCLAMATION  
88-505

The Month Of The Awakening Child

WHEREAS, the Christown Lions Club, an official chapter of the International Association of Lions Clubs, has elected to create and coordinate an international, grass roots effort to encourage communication between children, parents and educators; and

WHEREAS, these efforts will result in the establishment of the Awakening Child, An International Educational Symposium to be held in Mesa, Arizona, on November 12 and 13, 1988; and

WHEREAS, participants from all over the world will gather at this symposium to discuss such pertinent topics as methods of teaching creativity, self-responsibility programs, methods of increasing self-esteem and chemical awareness programs; and

WHEREAS, the Christown Lions Club, with its dedication to community service, intends to donate any and all profits from the Awakening Child, An International Education Symposium to drug awareness programs, responsibility programs for schools, and other service groups and charities which the Christown Lions Club in conjunction with the International Association of Lions Clubs deem appropriate;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 1988 as THE MONTH OF THE AWAKENING CHILD in Illinois.

Issued October 26, 1988. Filed October 31, 1988.

PROCLAMATION  
88-506

Chicago Abused Women Coalition Day

WHEREAS, domestic violence is the single largest source of injury to women. It is estimated that every 18 seconds a woman is battered; and

WHEREAS, the Chicago Abused Women Coalition (CAWC) was formed in 1976 in response to increased feminist recognition of the numbers and needs of abused women and the lack of available resources; and

WHEREAS, CAWC's purpose and mission are to develop, maintain, and support resources providing assistance to abused women and to provide public education, outreach and advocacy with and on behalf of abused women; and

WHEREAS, since opening its first 24-hour hotline in 1977 and its Greenhouse Shelter in 1979, the CAWC has provided information, counseling, advocacy, referral and shelter service to more than 4,000 women and children. Another 10,000 women sought assistance by telephoning the hotline; and

WHEREAS, in 1987, CAWC opened the doors of its newly renovated Greenhouse Shelter as it celebrated its first decade of work on behalf of abused women and their children;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 18, 1988, as CHICAGO ABUSED WOMEN COALITION DAY in Illinois, in recognition of its continuing life-saving services to domestic violence victims.

Issued October 27, 1988. Filed October 31, 1988.



## PROCLAMATION

88-507

Environmental Health Practitioners' Week

WHEREAS, the Illinois Environmental Health Association represents professional sanitarians in the State of Illinois; and

WHEREAS, professional sanitarians, trained in biological and sanitary sciences, examine all aspects of the physical and social environment; define and report environmental conditions; and recommend improvements; and

WHEREAS, sanitarians serving in industry and in the field of public health are concerned with the education and inspection necessary to maintain the safe processing and distribution of food, clean housing, vector control, radiological health, and minimum environmental pollution;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 6-12, 1988, as ENVIRONMENTAL HEALTH PRACTITIONERS' WEEK in Illinois, in recognition of the Illinois Environmental Health Association and its contributions to the health and welfare of all citizens.

Issued October 27, 1988. Filed October 31, 1988.